# STATE OF MARYLAND-CERTIFICATE OF DEATH

19	6 0	-	1. 1	401
1	6	0	3	1

:	1. PLACE OF	DEATH			48
7	County	Anne arund	el		Registration Dist. No21
	Village or City	Crownsvil	le Stat	e Hospita	1 No Was
	Langth of residen	ice in city or town whera	death occurrad	yrs. 4 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAMI	E Lucreti	a Allen		
					isso, Counwayd, Maryland If nonresident give city or town and State
enterer to		The second secon			
_		L AND STATIST			MEDICAL CERTIFICATE OF DEATH
3.	Female  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed			D (write tha word)	21. DATE OF DEATH December 17 , 193 7 (Month) (Day) (Year)
5e.	. If married, widowad, HUSBAND of				22. I HEREBY CERTIFY That I attended deceased fro
	(or) WIFE of	Unknow	n		22. I HEREBY CERTIFY, Thet I attended deceased fro July 22, 19 37, to December 17, 19 3
6.	DATE OF BIRTH (mo	nth, day, and yaar)	1887		i last saw h.er. alive on December 17, 19.37; death is sai
7.	AGE Years	Months	Deys	if LESS than	to have occurred on the date stated above, at 12:00m. M.N.
	50	Uni	known	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
NO	8 Trede, profassio kind of work		Unknown		Carcinoma of the Uterus Un-
OCCUPATION	9. Industry or bus	iness in which	OHAHOWH		know
SUP	work was do	na, as SILK MILL, BANK, etc	Unkno	wn	
ö	10. Date daceased i	ion (month and	spe spe	tima (yaars) ent in this	
_	year)		OC:	upation	Other Contributory Causes of importance:
12	State or country	r town) Mary	land		
TER	13. NAME	Bryant Ewe	ns		
FATHER	14. BIRTHPLACE (ci (State or cou	ity or town)UNK	nown	~	Name of operation Date of What tast confirmed diagnosis? Wes there an autopsy? N
ER	15. MAIDEN NAME	Patsv (1	Unknown	)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (cit	ty or town)	known		Accident, suicide, or homicide?
17.	. INFORMANT	Hospital R			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	(Address) Crownsville, Maryland  18. BURIAL, CREMATION, OR REMOVAL			Arana	Mannar of injury
	Placa Pais	A G. Ga	Date / 2	25 ,1937	Neture of injury
19. UNDERTAKER O Ras & History J.			ticks	S.	24. Was diseasa or injury in any way related to eccepation of dacaased?
20,	FILED 12 2	19.37	Min	No Registrar.	(Senad Company

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis -1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	F MAR	YLAND-	CERTIFICATE OF DEATH 125	586	
1. PLACE OF DEATH			92:0)		
County Anne Arundel			Registration Dist. No.		
Village or City_Crownsvil	le Stat	e Hospita	3NoSt.,	Ward	
Length of residence in city or town where d	leath occurred		10 ds. How long in U.S. if of foreign birth?yrsmos		
2. FULL NAME Mild	red Aye	rs	If U. S. Veteran, specify WAR		
	h East,	Cecil Co	ounty, Maryland		
(4) 1100140114011401	(Usual place	of abode)	If nonresident give eity or town and State	,	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
female black	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word) W C	21. DATE OF DEATH December 6th (Month) (Day)	(Yaar)	
a. If married, widowed, or divorcad  HUSBAND of  (or) WIFE of			22. I HEREBY CERTIFY, That I attended data Nov. 26th 19 37 to Dec. 6th	ased from	
6. DATE OF BIRTH (month, day, and year)	1056		liast saw h er alive on Dec. 6th 1937 de		
7. AGE Years Months	1856 Days	if LESS than	to have occurred on the data stated above, at		
81 Unkno	wn	1 day,hrs.			
8 Trade profession or particular		01	Mitral insufficiency	te of onset	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	None				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
	11. Total t	ima (years)			
10. Data daceased last worked et this occupation (month and year)	sp9	ima (years) nt in this upation			
12. BIRTHPLACE (city or town)Mary (State or country)	land		Other Contributory Causes of importanca: General arteriosclerosis		
≝ 13. NAME Unknown					
13. NAME UNKNOWN  14. BIRTHPLACE (city or town)	lnknown	~	Name of operation Date of Was there an autop		
15. MAIDEN NAME Unknown			23. If death was due to external causes (VIOLENCE) fill in also the following:	Sy!	
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town)  (Stata or country)	Unknown		Accident, suicide, or homicide? Date of injury	, 19	
17. INFORMANT Hospital Records (Address) Crownsville, Maryland			(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAN, CREMATION, OR REMOVAL Place Date Date 17, 19, 19, 7			Manner of injury		
19. UNDERTAKER (Address)			24. Was disease or injury in any way related to occupation of deceased?		
20. FILED - P. D. C 1957	278	Registrar.	(Address) Crownsville, Maryland	M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	(	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 100 . 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(10 ) A +
County Anne Arundel	Registration Dist, No.
Village or City Crownsville State Hosp	Oital ND. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME John E. Bailey	
(a) Residence: No. Avalon, Maryland (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word Married	
5a. If merried, widowed, or divorced HUSBAND of Annie L. Bailey	
HUSBAND of Annie L. Bailey	22. I HEREBY CERTIFY, That I attended deceased from December 3 1937 to December 8 1937
6. DATE OF BIRTH (month, dey, end year) 1890	I last saw him elive on December 8 , 19 37; deeth is seid
7. AGE Yeers Months Deys If LESS the	0.000
47 Unknown ldey,	
Trade profession or particular	Lobar Pneumonia (left lung) Un-
kind of work done, es SPINNER, Unknown	autopsy known
kind of work done, es SPINNER, Unknown SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc Unknown	
O 10. Date deceased lest worked et 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Unknown (Stete or country)	Other Coutributory Causes of Importance: Chronic Pleurisy of right Lung
置 13. NAME Unknown	— lung
14. BIRTHPLACE (city or town) Unknowh	Neme of operation.
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?_XQ.
15. MAIDEN NAME Unknown	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide? Dete of injury, 19
≤ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital Records (Address) Crownsville State Hospit	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Claiborna Md and 12 - 11 - 12	Manner of injury
Plece Claiborne 1d. Date 12-11-,19	Neture of injury.
19. UNDERTAKER Mayshall	24. Was disease or injury in any wey related to occupation of deceased?
manual michaele mi	If so, specify
20. FILED NUCY, 19. 3	(Signed Crownsville, Maryland
Registra	(VIIII DATT ATT TE - MISTA TELL

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Example I	İ	Ex	cample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of do of importance were as for	eath and related causes llows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	and the same of th	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVE	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes	BUREAUT	1 year

STATE OF I	MARYLAND—	CERTIFICATE OF	DEATH 1	2590
1. PLACE OF DEATH		93-0)	h .	
County a.a.		R	egistration Dist. No.	
Village or Cityannafolis.		No/49/12 Once	St., rive its NAME instead of street an	Ward
Length of residence in city or town whera death occ	curred_Left_yrs,mos	ds. How long in U.S. if of forei	ign birth?yrs	.mosds.
2. FULL NAME mastha	many Bea	If U.S. Veteran specify V	VAR	
(a) Residence: No/4/9, 1/2 mg.	Sual place of abode)	St,Ward.	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERT	IFICATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	31	, 193 7
5a. If married, widowed, or divorced HUSBAND of	V	(Me	onth) (Day)	(Yéar)
(or) WIFE of Geo, w. Be	all	22. I HEREBY C	ERTIFY Thet I attended 3), to Si	ed daceased from
6. DATE OF BIRTH (month, day, and year)	2-1873	I last saw h. L. alive on	Le 31, 19 3	; daeth is sald
7. AGE Years Months	Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated about The PRINCIPAL CAUSE OF DEATH and were as follows:	, ,	
8. Trade, profession, or particular		Held 35 lollows.		Data of onsat
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	Q	acute Celebration	n 7 Went	Dic 2
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc		aute Myser	**	Elec 4
0 10-Data deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation			
12. BIRTHPLACE (city or town) Anna Jane (State or country)	De mpo,	Other Contributory Causes of importance	210	Tulsus
II 13. NAME DELLE PAI	Kinson			
14. BIRTHPLACE (city or town)		Name of oparation	Date of	
(Stata or country) am chas	to mo	What test confirmed diagnosis?		Υ.
15. MAIDEN NAME fore affine	Gardner	23. If death was dua to external causes (\		
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?		
E (State or country) Annafas	the me.	Where did injury occur?		
17. INFORMANT W. Oliver B. (Address) annal	eall	Specify whether injury occurred in IND	pecify city or town, county and S USTRY, In HOME, or in PUBLIC	otate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury		
, Place Coldar Bleeff Date	Jan 3 ,1938	Nature of Injury		
19. UNDERTAKER Sen 7 7 up	bings	24. Was disease or injury in any way rela	atad to occupation of deceased?_	24
20. FILED 1 = 3 , 19 3 )	Mull	(Signed) (Address)	C Bone	M. D
If wor blanks as	e needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesti	ng V. S. No. 1.	***************************************

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset
1 week ago
1 week ago
3 days ago
1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	d)		
RITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT RICHARD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
of in	PI	CC	
m	hou	9	1
ite	SO TO	of	1
ery	ANS	ent	
E	ICL	ten	
S	IYS	sta	
5	PH	act	
R	Y.	Š	
IN	LL	ed.	
ANI	C	sifi	
RM.	XA	clas	
PE	田	rly.	ate.
V	ted	ope	tific
SIS	sts	pr	cer
HIS	be	be	Jo:
LI	plnc	may	ack
NK	sho	it	l no
G	GE	hat	ns (
NIC	A	So t	ctio
FAI	ied.	ms,	stru
ND	lddn	teri	in a
	y S	ain	Se
WA	lluj	n p	nt.
Y,	care	H.	orta
R	be	EAT	mp
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(A)	shor	OF	Ve
ITI	no	SE	N is very important. See instructions on back of certificate.
0.00	o lend		-

1. PLACE County\_\_\_ Village or

LACE OF DEATH	(78)
County Anne Arundel	Registration Dist. No. 21
Village or City <u>Annapolis</u> , <u>Md.</u> (  Length of residence in city or town where death occurred <u>25</u> yrs. mo	NO
ULL NAME Mildred Virginia Berry (a) Residence: No. Main St. (Usualplace of abode)	St., Ward.  If U. S. Veteran, specify WAR  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
SBANO of Arthur Berry	22. i HEREBY CERTIFY, That I attended deceased from 19
F OF BIRTH (month, day, and year) Dec. 4. 1912	I last saw h; death is sal
Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-wife Industry or business in which	accedental asphyxialian

2. FULL N. (a) Reside **PERSO** 3. SEX Female 5a. If married, wide HUSBANO of (or) WIFE of 6. DATE OF BIRTI 7. AGE 8. Trade, prof kind of OCCUPATION SAWY 9. Industry o work v 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? cify city or town, county and State) Specify whether injury occurred in INOU in HOME, or in PUBLIC PLACE, (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of Injur 19. UNDERTAKER If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example 1	11	Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
1					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis			
Unistantes	May 1,1923	Gastroenterius	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County	me ar	und	il	
Village or City	Christi	lmi	hid -	death occurred in a hospital or inst
Length of residence in c	or town whera daath oc	curred	yrs,mos	ds. How long in U.S. in
2. FULL NAME			Hunt	If U. S. Veteral
(a) Residence: No	(UIII	Javal place of	abode)	St.,Ward.
PERSONAL AN	STATISTICAL	PARTIC	ULARS	MEDICAL
3. SEX 4. COLO		DIVORCED	(write tha word)	21. DATE OF DEATH
5e. If married, widowed, or div HUSBAND of	ed (		70.	
(or) WIFE of				Dec 4
6. DATE OF BIRTH (month, da	and yeer) Dec	4,19	57	I last saw h 4 eliva on_
7. AGE Years	Months	Deys	If LESS than 1 day,hrs.	to heve occurred on the date sta The PRINCIPAL CAUSE OF DE.
8. Trade, profession, or p	ticuler s SPINNER,	DA 8	ormin.	wera es follows:
kind of work done, SAWYER, BDDKKE!  9. Industry or business! work wes done, es SAW MILL, BANK, 10. Deta decessed last wo	ER, etcwhich			Statur
- tins occupation (int	ed et		in this	
yeer)	Olamba I	occup	etion	Other Contributory Causes of im
12. BIRTHPLACE (city or town) (Stete or country)	auco	, <u>, , , , , , , , , , , , , , , , , , </u>		Luk
13. NAME art	un Tur	ner		7-10
14. BIRTHPLACE (city or to	n) a · a ·	w	outy -	Name of operation
~	P +1 121	,		Whet test confirmed diegnosis?_
E	A . A	Cole	ナ、	23. If deeth was due to external c
State or country)	n)		···)	Accident, suicide, or homicide?_ Where did injury occur?
17. INFORMANT WY (Address)	Chu.			Specify whether Injury occurred
18. BURIAL, CREMA DON R	MDYALD —	h	(	Mannar of Injury
Place A hu	ellen Dete	Aje	6-19.07	Nature of injury
19. UNDERTAKER Ceri	hur Tu	rne	1-	24. Wes disease or injury in eny
(Address)				If so, specify

12592

		Registration	n Dist. No	49
No			St	Ward
	a hospital or institut			
ds. He	ow long in U.S. if of	foreign birth?	yrs	mosds.
	U. S. Veteran,	specify WAR		
St.,	Ward.			
			nt give city or tow	
	MEDICAL CE	ERTIFICAT	E OF DEAT	H
1. DATE	OF DEATH	De	11	
		(Month)	(Dey)	(Yeer)
2.	HEREBY	CERTII	FY, Thet I atta	nded deceesed from
	in eliva on	19.5. 10	-10	4., 193.7
				; death is said
	d on the date stated			
wera es follows	L CAUSE OF DEAT	H end relatad ca	uses of Importenca	Date of onset
J.	tellon	~		
		No. 10 Person		
Other Contribu	tory Causes of impor	rtence:		
				E was
	sy pi	uls		
	(11	congen	tal	
Name of operat		angen		-4
			Dete	
				e en autopsy?
	due to external ceus			9
	le, or homicide?	*************	_ Date of Injury	, 19
	y occur?	(Specify city	or town, county and	d State)
Specify whethe	r Injury occurred In	INDUSTRY, In F	IOME, or In PUBLI	C PLACE.
Mannar of Inju	у			
Nature of injur	/			
4. Wes disease	or injury In eny wa	y related to occu	petion of decaesed	12 ha
If so, specify			3	
(Signed)		LH.	lulan	<b>1</b>
	dress)	1	Lulan	M.D.
(Au	u1033)			744

OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	BY	Y PHYSICIAN
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PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. WRITE PLAINLY, WI

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12593
1. PLACE OF DEATH	
County Cliffe Cruwdel	Registration Dist. No.
Village or City Oriena trille Sta	ACNO. HOSPITA St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
7 , 7	20 ds. How long in U.S. if of foreign birth?
2. FULL NAME & Luce Durto	n and a second
(a) Residence: No. After the State to P( h	St., Ward. 837 h. Leftrustin St. Bells. Ned.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Peccuber 31, 193 7. (Month) (Day) (Year)
5a. If married, widowed, or divorced \\ HUSBANO of	
(or) WIFE of	22.   HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lukyow 1899	Hast say h. Len alive on Dec 31 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 10 P.m.
38   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
18 Trade profession or particular	Oate of onest
9. Industry or business in which	Jacobson Jacobson
work was done, as SILK MILL, SAW MILL, BANK, etc	
10 Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Cames of Importance:
(State or country) Maryland	Disease - Oul, Tubercular
13. NAME Steries Burton	
13. NAME Sternes Sterler  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Well race	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIDLEMOE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur?(Specify city or town, county and State)
17, INFORMANT TO THE STALE TESPITAL	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL	Manner of injury
Place 1111 - 1111 - 111	Nature of injury
19. UNDERTAKER Mrs. Katie R. Williams	24. Was disease or injury in any way related to occupation of seceased?
(Address) 2 9 A	if so, specify
20, FILEO JAM 1937 E.J. Joy 4	(Signed) M.D. M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis Communication		1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage FFR 7 1933		July 5,1927	Peritonitis	3 days ago		
	MUMEAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	WRITE PLAINLY, WHI UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
/	rery item	ANS sho	ent of C	1
2	CORD. E.	PHYSICL	ict statem	
NG	ENT RE	TLY.	ied. Exa	
BINDIA	PERMAN	EXAC	ly classif	ite.
D FOR	IS IS A 1	e stated	e proper	f certifica
SERVE	INK-TH	should	it may b	on back o
GIN RE	ADING	ed. AGE	is, so that	tructions
MARGIN RESERVED FOR BINDING	UNF	lly suppli	olain term	See inst
	NLY, W	be carefu	ATH in 1	TION is very important. See instructions on back of certificate.
1	TE PLAI	plnous n	E OF DE	is very i
10.1	WRI	mation	CAUS	TION

	SI	TATE C	F MARY	YLAND-	CERTIFICATE OF DEATH	94
1. PLACE	OF DEAT				950	
County_	Ann	e Arund	iel.		Registration Dist. No. 2	
Village o	or CityC	rownsv	Hle Sta	te Hospi	t & NoSt., death occurred in a horpital or institution, give its NAME instead of street and num	Ward
Length of	residanca in city	or town where d	eath occurred	yrs. 19mos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL (a) Resi	dence: No		rd Byrd ( Field, M (Usualplace	aryland	St., Ward.  If nonresident give city or town and Sta	te
PERS	ONAL AND	STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. color bla	or race ck	5. SINGLE, MARE OR DIVORCED Marri	(write the word)	21. DATE OF DEATH December 1st (Month) (Day)	93 7 (Yaar)
5a. If married, with HUSBAND (	Idowad, or divorce of U	nknown			22. I HEREBY CERTIFY The I ettended dec Nov. 12th 37 Dec. 1st	
6. DATE OF BIR	TU (month day	and year)	L873		Nat sew h im allve on December 1 ,19 37;d	aath is said
7. AGE	Yaars	Months	Days	If LESS than	to have occurred on the data stated abova, at 7:30 Pm.M.a.	acti is said
	64	Unkno	own	1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	
Z 8. Trade, p	rofassion, or par				Chronic myocarditis and	ate of onset
SAW SAW	rofassion, or par of work done, a YER, BOOKKEEP		Maryla	na	myocardial degeneration	
9. Industry	or business in was done, as SI MILL, BANK, et	which LK MILL,		_		
O 10. Date da	ceasad last work	ad at	11. Total til	me (yaars) t in this		
12. BIRTHPLACE	E (city or town)_	<b>M</b>			Other Contributory Causes of importance: Psychosis with cerebral arteriosclerosis	
13. NAME	Henry	Byrd			01.001.1000.101.0010	
	ACE (city or tov	vn) Mary	yland		Name of oparation Date of	
		Annie 1	Miles		What tast confirmed diagnosis?	psy?
16. BIRTHPL	ACE (city or tov		Marylar	ıd	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	., 19
17, INFORMANT		ital R			Where did injury occur?  (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address			le, Mary	Land		
18. BURIAL, CRE	ALL LI	eld'm	1000	19.37	Manner of Injury	
11000-	di		(11)	2	Nature of injury	-
19. UNDERTAKEI (Address		in ?	TWO	WW C	24. Was disease or injury in any way related to occupation of defease?	
20. FILED		9	muzely		(Stanad)	M. D.
				Registrar.	(Address) Crownsville, Marylan	٧

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUBEAU_Y	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA.

STATE O	F MARY	/LAND-	CERTIFICATE	OF DEA	TH !	2595
1. PLACE OF DEATH	0	~	(108)		A /	
County (1)	$u \cdot \mathcal{L}$	0 .		Registration	Dist. No. 2	
Village or City Cuny	oporte	<b>7</b> (If	No. 15 death occurred in a hospital or institu	tion, give its NAMI	St.,	Ward
Length of residence in city or town where de	eath occurred	yrsmos	//		yrsm	
2. FULL NAME Kene	. 10	vorw)	Carrif U.S. Veteran spec	ify WAR.	,	
(a) Residence: No. 15	GO (Usual place o	f abode)	St., Ward.	If nonresident	IN CORPORATE	ALMITS OF
PERSONAL AND STATISTIC	CALPARTIC	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH	12	20	193 7
Temale ref.				(Month)	(Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		-	22. I HEREBY	CERTIF	Y. That I attended	deceased from
(or) WIFE of			Dec. 19	1937 to	10	0 1937
6. DATE OF BIRTH (month, day, and year)	cx.3	-/9/7	I last saw h & alive on	Dec. 1	9 1937	: death is sald
7. AGE Years Months	Days	If LESS than	to have occurred on the date state	d above, at 7:3	5Am.	
20 1 7	1, 67	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH end related caus	es of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1/ -	-				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	renz		Polas (	Prem	•	500
work was done, as SILK MILL, SAW MILL, BANK, etc.			~~~~~			2) 4(44
10. Pate deceased last worked at	11. Total tir	ne (years)	***************************************			
this occupation (month and year)	occuj span	t in this pation		~~~~~~~~		<del></del>
	e sets		Other Contributory Causes of impo	ortance:		1
12. BIRTHPLACE (city or town) (State or country)	regov c	md				
1 9	112	19.				
13. NAME  14. BIRTHPLACE CATY OF TOWNY  14. BIRTHPLACE CATY OF TOWNY	1 210	erev ;				
4 14. BIRTHPLACE (city or town)	uncof.	odis	Name of operation		Date of	
(State of Country)	-//	Ma.	What test confirmed diagnosis?		Was there en	autopsy?
15. MAIDEN NAME PLANE 16. BIRTHPLACE (city or town)	y To	me.	23. If death was due to external cau	uses (VIOL ENCE) fil	Il in also the followin	ig:
6 16. BIRTHPLACE (city or town)	Incap!	Clio	Accident, suicide, or homicide?\	·	Date of injury	,, 19
(State or country)		ma.	Where did injury occur?			.\
17. INFORMANT Sestices (Address)	Bian	×	Specify whether injury occurred in	n INDUSTRY, in HO	town, county and Sta DME, or in PUBLIC PL	LACK
18. BURIAL, CREMATION, OR REMOVAL		1	Manner of injury	\		
Place / Burn Hill	Date /2/	23 , 1937	Nature of injury	-	V	
19. UNDERTAKER Shoot	Alles	lo g	24. Was disease or injury in any w	ay related to occup	ation of deceased?	~~
(Address) tungo	7: 1	yal.	If so, specify			
20. FILED / 2 - 23, 19 3/	Y GM	Megistiar.	(Signed) (Address)	ams	poll -	ma M. D
If now!	blanks are needed, as	Idress State Registrar,	2411 N. Charles Street, Baltimore, Re	equesting U. S. No.	1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 198	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 11 2 1

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN
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ORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement IS A PERMANENT RE stated EXACTLY. properly classified. certificate. INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of UNFADING hation should be carefully supplied. TION is very important.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1	PLACE O	F DEAT	LH)			97)	,
	County		Arunde			Registration Dist. No.	
	Village or C	ity Cr	ownsvil	le Sta	te Hospita	31 No W.	ard
			ly or town where d		(I	f death occurred in a hospital or institution, give its NAME instead of street and number)  2. ds. How long in U.S. if of foreign birth?	_ds.
2	FULL NA	ME :	Elizabe	th Car	ter		
1						y Coo,unty, waldaryland  If nonresident give city or town and State	
-			D STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. S	ex Female		R OR RACE		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH December 15 , 193 7 (Year)	
	If married, widow HUSBANO of (or) WIFE of		nknown			22. I HEREBY CERTIFY, That I attended deceased f	from
6. D	ATE OF BIRTH (			1874		May 13, 19 13 to December 15, 19 3 least saw her allve on December 15, 19 37; death is	sald
7. A	GE Yea	rs	Months	Days	If LESS than	to have occurred on the date stated above, at 2:00Pm.	
	63		Un	known	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	
NOI	8. Trade, profes	ssion, or pa work dona, BOOKKEE	rticular as SPINNER, PER, etc	Unkr	own	General Arterio Sclerosis Senility	7081
OCCUPATION	9. Industry or work was SAW MIL	businass in s done, as S L, BANK, e		Unknow			
000	10. Date decease	ed last wor pation (mor	kad at	11. Tot	al tima (yaars) spent in this occupation		
12.	BIRTHPLACE (cit		Mary	land		Other Contributary Causes of importance: Senility	
2	13. NAME J	. Wi	lliams				
FATHER	14. BIRTHPLACE		wn) Mar	yland		Name of operation Date of	
2			len Hoo	a	Charles and the	What test confirmed diagnosis? Was there an autopsy?	<u>.v.</u>
MOTHER	THE RESERVE		7.5	yland		23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?	
웊	16. BIRTHPLACE (Stata or	country)	wn)#454.#.	y <u>ranu</u>	*******	Where did injury occur?	
17.	INFORMANT (Address)		ital Re ownsvil		ryland	(Specify city or towo, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMAT				h //	Manner of injury	
	Place_GTG	ownsy	rille	Oate	· · · · · · · · · · · · · · · · · · ·	Nature of injury	
19.	UNOERTAKER (Address)	Cuf	1			24. Was disease or injury in any way ralated to occupation of deceased?	
20.	FILED 1.24	24,1	937 &	7, 30	Registrar.	(Signed) Crownsville, Maryland	M. D.
			If more	blanks are neede	d, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	_

STATE OF MARYLAND—CERTIFICATE OF DEATH 19506

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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F4504800 HE

STATE O	F MARYLAND-	-CERTIFICATE	OF DEAT	H 12597

1. PLACE OF DEATH			20	
County Anne Arunde	1		Registration Dist. No. 2.2	
Village or City_Crownsvil  Length of residence in city or town where d		e Hospita (If 3 yrs7 mos	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and nu  St.,  death occurred in a hospital or institution, give its NAME instead of street and nu   Ward mber)	
2. FULL NAME Bertha C	hristy			
(a) Residence: No. Perryma		ord Count	y St., Mary Wandd  If nonresident give city or town and St	fata .
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	iaic .
3. SEX 4. COLOR OR RACE Female Black	S. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Lateria		22.   HEREBY CERTIFY, That I attended de May 7, 19 3340 December 16	
6. DATE OF BIRTH (month, day, and year)	1896 —	8-20	Hast saw h. er. alive on December 16. 19 37:	
7. AGE Years Months	Days 26	if LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 6.30 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular hand of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Unknow		Pulmonary Tuberculosis	Un- known
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (months and	Unknow			,
year)	11. Total ti sper occu	nt in this pation	Other Contributory Causes of importance:	
(State or country)	-dd- 3-d			
13. NAME Ben Christy				
13. NAME Ben Christy  14. BIRTHPLACE (city or town) Mary (Stete or country)	land		Name of operation Date of What test confirmed diegnosis? Was there an aut	opsy? No
15. MAIDEN NAME Hattie Chr 16. BIRTHPLACE (city or town) Mar	isty Ga	lloway Ra	De Streath was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Mar (State or country)	yland		Accident, suicide, or homicide?	-, 19
17. INFORMANT Hospital Re (Address) Crownsvil		vland	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Place	4 Date 10 e		Manner of injury	
19. UNDERTAKER CL. H. B. Tar (Address) & T Washing	Ray!	Stilling and	24. Was disease or injury in the way related to occupation of deceased?	9-
20. FILED See. 19., 19.37 Ma	10 91	Registrar.	(Sichod) (Address)). Crownsville, Maryland 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 5 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	- OSTA	
County Q. Q.	Registration Dist. No. 21	
Village or City Milerantle (If Length of residence in city or town where death occurred 15 yrs. mos.	No. St., death occurred in a horpital or institution, give its NAME instead of street and numb	Ward
2. FULL NAME John & Clark	If U. S. Veteran, specify WAR	•••••
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The service of the service	21. DATE OF DEATH Rec. 18 - 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	ath is said
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this a	Chan belansi	WB.
12. BIRTHPLACE (city or town) Rechange (State or country)	Other Contributory Causes of Importance:	3 dy
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME	Name of operation Date of  What test confirmed diagnosis? Was there an autop	Sylva.
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	, 19
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Date Date 20, 19.3	Manner of injury	
19. UNDERTAKER (Address) 219 ST CONTROL OF THE OF T	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)	М. Г

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Box	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIANC

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STATE C	OF MAR	RYLAND-	CERTIFICATE OF DEATH
1. PLACE OF	F DEATH		-	34 11/ 21
	nne Arundel			Registration Dist. No. =
Village or C	ity Crownsvil	le Stat	e Hospit	No Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of resid	dence in city or town where	death occurred]	yrs7mos	r death occurred in a horpital or institution, give its NAME instead of street and number)  3. 12 ds. How tong in U.S. if of foreign birth?
	ME William			If U. S. Veteran, specify WAR
				O. St., — Ward. ————————————————————————————————————
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH December 23 193 7
5a. If married, widow	Black	Marr	ried	(Month) (Oay) (Yeer)
	Jessie Davi	S		22. I HEREBY CERTIFY, That I ettended deceased from
				May 11, 19 36, to December 23, 19 37
6. DATE OF BIRTH (	month, day, and year) AT		1877	l iast saw himalive on December 23,, 1937_; death is seid
	rs Months	Days	if LESS than 1 day,=_hrs.	to have occurred on the date stated above, at 4.200 A_m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
59	sion, or perticular	1 16	ormin.	were as follows:
kind of w	ork done, as SPINNER, BOOKKEEPER, etc	Unknown		Broncho pneumonia, secondary Unknow to hemeiplesia and infedted les
kind of w SAWYER, Industry or I Work was SAW MILL 10. Date decement	business in which cone, as SILK MILL, L, BANK, etc			ulcer
SAW MIL	L, BANK, etc	Unkn	LOWN time (years)	
	pation (month end	spe	ent in this	
	y or town) North			Other Contributory Causes of Importance:
(State or coun		varum	la	Cerebral Hemorrhage with left sided Heminlegia
13. NAME	Golden Day	ris_		Psychosis with Cerebral Syphilis
13. NAME	(city or town) Nort		ina	Name of operation Dete of
(21919.01				Whet test confirmed diagnosis?
15. MAIDEN NAM	WE Mary Spa	rrow		23. If death was due to external causes (VtOL ENCE) filt in also the following:
16. BIRTHPLACE	(city or town)NQI	th Caro	lina	Accident, suicide, or homicide?
≤ (Stete or	country)			Where did injury occur? (Specify city or town, county and State)
	ospital Rec			Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATI	Crownsville	Maryl	and	
Place 1	spital ce	Woate 9	28 ,19.	Menner of injury
	whoh.		/	24. Was disease or injury in any way related to accupation of deceased.
19. UNDERTAKER (Address)				If so, specify
20. FILED / 2	128 10 9	7,100	ice.	(S(gned) JAMA Y MARLY JAM. D.
AU. TIELD.		()	Registrar.	(Address Crownsville, Maryland

Is more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

RE JRD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	\	
N. E. WRITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT RE DRD. Every item of infor-	madion should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
ż				

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	
County Anne Arundel	Registration Dist. No. 21
Village or City Sharp Point	No. St Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Jane Bell de Kors	Sakoff If U. S. Veteran, specify WAR
(a) Residence: No. Sharp Point (Usual place of	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED 6 Marrie 6	(write the word)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Simon de Korsakoff	22. A HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) March 27,	1873 i iast saw h. 24 alive on Dre 132 , 19.37; death is said
7. AGE Years   Months   Days   64   8   16	If LESS than  1 day,hrs.  ormin.  to heve occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc. None	Oate of onset
	t in this pation
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:  The earl Certain Selevoses  Acoustic Contract of
E 13. NAME Joseph Witmer	Myoco Aitio 100
13. NAME Joseph Witmer  14. BIRTHPLACE (city or town) (State or country) Penn.	Neme of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Harriett Starrett	
15. MAIDEN NAME Harriett Starrett  16. BIRTHPLACE (city or town) (Stata or country) Virginia	Accident, suicide, or homicide? Date of injury, 19  Whera did injury occur?
17. INFORMANT Roland E. Bell (Address) St. Margaret's A.A.C	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hartsdale, N.Y. Dete Dec.	Manner of injury
19. UNDERTAKER John M. Taylor (Address) Anapolis, Ma	24. Was diseasa or injury in any way felated to occupation of deceased?
20. FILEO DIC 14, 1937 DEMIN	Net (Signed) Sylver luners / M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage.	July 5,1927	Peritonitis	3 days ago			
A contract of the contract of						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER STATEM	MENTS BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 220 of should Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) or town where death occurred. How long in U.S. if of foraign birth? \_\_\_\_\_\_wrs. \_\_\_\_mos. \_\_\_\_ds. CIANS statement DRD. PIIYSI If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Day) 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_ min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which may should work was dona, as SILK MILL SAW MILL, BANK, etc .... 10. Data deceesed last worked at 11. Total tima (years) this occupation (month and spent in this that occupation ... 12. BIRTHPLACE (city or town) (State or country FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country What test confirmed diagnosis?\_ ... Was there an autopsy?\_ carefully MOTHER important 23. If death was due to external ceuses (VIOLENCE) fill in also the following: in Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) Where did injury occur? \_\_\_. Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. pluods very OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE Neture of Injury. NOI 19. UNDERTAKER if so, specify m (Signed) (Address) Registrar.

V. S. No. 1

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 1938	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis JAN	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	1.	$\Omega$	1)	
1	~	1.7	U	4	

1. PLACE OF DEATH				1
County anne aruns	le l		Registration Dist. No	20
Village or City		ND.  death occurred in a horpital or institutionds. How long in U.S. if of f	n, give its NAME instead of st	
2. FULL NAME Warrie	L Dem		pecify WAR	
(a) Residence: No. Vuego	(Usual place of abode)	St., Ward.	If nonresident give city or	own and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CE	RTIFICATE OF DE	ATH
Jenuale Hutt. 5.5	INGUÉ, MARRIED, WIDOWED,	21. DATE OF DEATH	Nor 26 (Day)	, 193. 7 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Bay less (	uncan	July 1	CERTIFY Thet I	ber , 1937
6. DATE OF BIRTH (month, day, and year)	- 2J-18V1	I last saw h_L aliva on	cember 26.	19.3; death is sald
7. AGE Years Month's	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH were as follows:		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFPER, atc.	e.	Chronic myoc	arditis	Date of onset 19.36(2)
kind of work done, as SPINNER SAWYER, BDOKKEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked et this occupation (month and		arterioscle	10 Sip	19.209
10 Date daceased last worked et this occupation (month and year)	11. Total time (yaars) spent In this occupation			
12. BIRTHPLACE (city or town) Bath. (State or country)	Oo Ku	Othar Contributory Causes of Import	ance:	
	• 17			
13. NAME of Country)  13. NAME of Country)  14. B(RTHPLACE (city or town) Much de Country)	in County	Name of operation		Date of
15. MAIDEN NAME LIG 2041  16. BIRTHPLACE (city or town) Buth	(0)	23. If daath was due to external cause	es (VIOLENCE) fill in also the	following:
O 16. BIRTHPLACE (city or town)  (Stata or country)	TIC	Accident, sulcide, or homicide?  Where did injury occur?		
17. INFORMANT Seed OF CHILD	X Wash De	Specify whether injury occurred in I	NDUSTRY, in HOME, or In PU	BLIC PLACE.
18. BURIAL CREMATION DR REMOVAL PROCE OF THE DESCRIPTION DA	12/24 13	Manner of injury		
19. UNDERTAKER MATERIAL (Addrass) / 0/1-	new	24. Was disaase or injury In eny way	related to occupation of dace	ased?NO
20. FILED Lee 27, 1937 Can	rie Resista	(Signad) Dr. D. Bas (Address) F. D.	il m.t., per S.	m. Reichelm. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death,—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
JAN 6 1938					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	PLAC	E OF DEA		F MAR	YLAND—	CERTIFI	CATE	OF DEA	TH	15603
	County		Anne Aru	indel			10	1/		21
			rownsvil		/1	No	Laciatoria	Registration I	Si	L, Ward
	Length	of residence in	city or town where d	eath occurred		death_occurred in a	long in U.S. if	of foreign birth?	. instead of stree	t and number)mosds.
	. FULL	NAME	Lucy Ep	ps				specify WAR		
*	(a) Re	sidence: No.	Mullike re, Hd.	en Stre (Usual place			Ward.		ive city or tow	n and State
	PERS	SONAL A	ND STATISTI	CAL PART	ICULARS	М	EDICAL C	ERTIFICATE		
	sex Femal		or or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF	F DEATH	12 (Month)	] (Day)	, 193 7 (Year)
5a.	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of					July 3	HEREB		C. That I atte	ended deceased from
6.	6. DATE OF BIRTH (month, day, and year)					I last saw h. er	alive on			3.7.; death is said
-	AGE	Years 10	Months	Days	If LESS then 1 day,hrs. ormin,	to have occurred of	on the date stat	ed above, et4 TH and related ceuse	a.m.	
NO	8. Trade,	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.				were as follows:	Lob	ar Pneum	onia	Date classet
OCCUPATION	9. Industr	ry or business l rk was done, as W MILL, BANK,	In which							11/20
000	10. Date d	leceased last we s occupation (mer)	orked at	Sp@	time (years) ent In this					
12.		CE (city or town	) Balti Md.	more		Other Coutributar	Epile			
2	13, NAME		James Ep	ps			Thire	hea.		
FATHER	14. BIRTHE		town) Virg							
ER	15. MAIDE	N NAME	Janie Wi	lson						e an aulopsy? NC
MOTHER	16. BIRTHI	PLACE (city or tate or country)	lown) Virg	inia		23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?				
17.	17. INFORMANT Hospital Records (Address) Crownsville, Maryland  18. BURIAL, CREMATION, OR REMOVAL Place Hosp. Cemetery Date Dec. 4 1937					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				d State) IC PLACE,
18.						Manner of Injury .  Nature of Injury .				
19.	UNDERTAKI (Addres		up t	5 1	-21/2	24. Was disease or	injury in any w	vay related to occupa	tion of decease	d?
20.	FILED	/-X,	19-/	12	Registrar. addre State Registrar,	(Addre			Lake A	

2. Clawwalle

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH	1260
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1. PLACE OF DEATH			(B)				
County Anne Arundel			Registration Dist. No. 27				
Village or City Fort George	e G. Mead		No. STATION HOSPITAL St.,	Ward			
Length of residence in city or town where d		yrs,2mos	f death occurred in a hospital or institution, give its NAME instead of street and its 20ds. How long in U.S. if of foreign birth?yrsme				
2. FULL NAME Dominic A	ntheny Fa	ntezzi					
(a) Residence: No. Fort Geor	ge G. Nea.		St., Ward.  If nonresident give city or town and	State			
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			21. DATE OF DEATH December 14 (Month) (Day)	, 193_7 (Year)			
5a. If married, widowed, or divorced HUSBANO of			22. I HEREBY CERTIFY, That I attended				
(or) WIFE of			Nevember 12 19 37 to December 14	deceased from			
6. DATE OF BIRTH (month, dey, and year)	ugust 22;	1947.	Hast saw h_ im_elive on December 13, 19 37	; death is said			
7. AGE Years Months	Oays	If LESS then	to have occurred on the dete stated above, at 2:00a m.				
20 3	22	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
8. Trade, profession, or perticular			Pneumonia, lebar, involving all				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Søldier.		right lobes; with empyema, right				
Industry or business in which work was done, as SILK MILL,	U. S. AR	MY	streptececci type.	12/3/3			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) AND ST 1937.	11. Totel tin	me (yeers) t in this 2					
12. BIRTHPLACE (city or town) Kaylor (State or country) Pennsylvania			Other Contributory Causes of Importance: Appendicitis, acute, suppurative.	11/12/3			
13. NAME Charles Fantozz 14. BIRTHPLACE (city or town). Caram	nanice		Name of operation Appendectomy Oate of	11/13/57			
(State or country) Ital	Ly		What test confirmed diagnosis? Autopsy Was there an a	utonsy? Yes			
15. MAIDEN NAME Pary Domin	nica Marti	ina	23. If death was due to external causes (VIOL ENCE) fill in also the following				
15. MAIDEN NAME Mary Dominica Martina  16. BIRTHPLACE (city or town) Caramanico  (Stete or country) Italy			Accident, suicide, or homicide? Oate of injury	, 19			
17. INFORMANT Ars. John De F (Address) 410 E. Jefferse		itler. Pa.	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.			
18. BURIAL, CREMATION, OR REMOVAL Place East Brady, Pa			Menner of Injury				
19. UNOERTAKER halter K Thru (Address) Lanrel, hd.	ısh		24. Was disease or injury in any way related to occupation of deceased?  If so, specify	Ne			
20. FILED Dec. 14, 19 37 & B. NORRIS, Lt.	3. horre Col., N.	C. Registrar.	(Signed) H. HUE, Lt. Cel., N. C.  (Address) Fort George G. Meade, M.	M. D.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	* * * * * * * * * * * * * * * * * * * *	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	14 N Q 1000	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	UNIT C TOTAL	July 5,1927	Peritonitis	3 days ago		
	BUNTAL V	10 A A A A A A A A A A A A A A A A A A A				
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE F	OR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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SRD. Every item of infor-PHYSICIANS should state B.—WRITE PLAINLY, W UNFADING INK—THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, W.

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	930
County a la l	Registration Dist. No
Village or City annafaote Ones	No. 53 St., Wa If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred \$0 rs. 9 mo	is
2. FULL NAME mary w Ha	interset TITHINGOROBATELIMITE OF
(a) Residence: No.S3 Point Rhai	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wait the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or diversed HUSBAND of (or) WIFE of Oppulstean Hambrook	22. I HEREBY CERTIFY. That I attended deceased fr  1937 to All 4 1932
DATE OF BIRTH (month, day, and year March 20 ~ 1857)	last sawher alive on alec 4, 193); death is si
AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
80 8 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harel Island	
SAWYER, BOOKKEEPER, etc.	Myrenterio adute Dec
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his securation (month and	Frute Selectrici 7
10. Date deceased last worked at this occupation (month and spant in this year)	
2. BIRTHPLACE (city or town) and Confederation (State or country)	Other Contributory Causes of importance:
13. NAME // Cholas H Seece  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country) Compagness Graps	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME COLOR HEROSTOP (State or combined Color Colo	23. If death was due to externel causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country) Come of the	Accident, suicide, or homicide? Date of Injury, 19
Later Alle Lack	Where did Injury occur? (Specify city or town, county and State)
(Address) 3 Danking of amorpous m	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place of Date Date 19	Nature of injury
19. UNDERTAKER (Address) American (Address) American (Address) American (Address) (Add	24. Was disease or injury In any wey related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset	
	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 3 1830	July 5,1927	Peritonitis	3 days ago	
BURHAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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20. FILEO

1. PLACE OF DEA				26-80	>	
County Anne Arundel				Registration Dist. No. 23		
Village or City	N		(11 50 yrsmos	No. Marley Neck Road St.,  [death occurred in a hospital or institution, give its NAME instead of street and not included the street and not i	Ward wmber)	
2. FULL NAME	David H	. Howard		If U. S. Veteran, specify WAR		
(a) Residence: No	Marle	y Neck (Usual place	Road e of abode)	St., Ward.  If nonresident give city or town and S	State	
PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Married			ED (write the word)	21. DATE OF DEATH Dec.16 1937 (Month) (Dey)	193(Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida P. Howard			ırd	22.   HEREBY CERTIFY, Thet   attended decease April 10 19.37, to Dec. 16,		
6. DATE OF BIRTH (month, day, end yeer) Aug. 8 1872			2	I lest saw h. Im. alive on Dec. 15. 19.37	; deeth is said	
AGE Years 65	Months 4	0ays 12	If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete steted above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	Oate of onset	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked et this accuration (month and		General arterio sclerosis cardio vascular disease	?			
10. Oate deceased lest wo this occupation (mo year)	rked et nth end	sp	time (yeers) ent in this cupation			
12. BIRTHPLACE (city or town) (State or country)	Irel	and		Other Contributory Causes of Importance: Senile gangrene of left foot	4/10	
13. NAME  14. BIRTHPLACE (city or to (State or country)		Known		Nemo val of left great ton & Neme of operation napt of foot Oete of Met test confirmed diegnosis? P.f. Wes there en at	10/20/5	
15. MAIDEN NAME	Not	Known		23. If deeth was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME NOT KNOWN  16. BIRTHPLACE (city or town)  (Stete or country)				Accident, suicide, or homicide?, 19		
17. INFORMANT Id	a P. How	vard(Wif	`e)	(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE,	
18. BURIAL, CREMATION, OR I		Dete & e	c/8,1937	Menner of Injury		
19. UNDERTAKER Joh	16	Venn	1	24. Wes disease or injury In any way related to occupation of deceased?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones Callstones	May 1,1923	Gastroenteritis	1 year	
	-			

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Of more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

IARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		* = /	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MOLL

S. No.

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. Ads. How iong in U.S. if of foreign birth? vrs. mos. ds. If U.S. Veteran specify WAR 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word). Month If married, widowed, or divorced HUSBAND of CERTIFY. Thet I attended deceesed from (or) WiFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Davs If LESS than to heve occurred on the date stated above, at 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or .... min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent in this occupation ..... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) au (State or country) FATHER 13. NAME Name of operation\_\_\_\_\_ Dete of\_\_\_\_\_ 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diegnosis? ..... Was there en eutopsy? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (ViOL ENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injurylin any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) Registrar. more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1 10M 2 1830 T				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	260!
1. PLACE OF DEATH	(3)	.,,,,,
County .	Registration Dist. No.	
Village or City On lugh Herghten	No. St., f death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Langth of rasidenca in city or town whera daath occurredyrsmos		
2. FULL NAME James floring	If U. S. Veteran, specify WAR	
(a) Residence: No. Calling Hugh (Usual place of abode)	CeSt., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day)	, f93(Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of  Father	22. HEREBY CERTIFY That I attended of the Lord of the	dacaased from
6. DATE OF BIRTH (month, dey, and year Loc, 8 1879	I last saw h winalive on Sec 2/ 1937	; death is sai
7. AGE Months Days if LESS than	to heve occurred on the dete steted above, at 1. 432 mg//	
08 0 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiatad causes of importance were as follows:	Date of ensa
8. Trede, profession, or particular kind of work dona, as SPINNER,	Chronic Endscadite.	Cu Row
SAWYER, BOOKKEEPER, atc.	Chrisis Surfarahteal	348
work wes done, as SILK MILL, SAW MILL, BANK, atc.	Culairo Sclevinia	0/10
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  To: Data dacaesed lest worked at this occupation (month end year) year)  Occupation	(Mille Schwis	Lusku
1 / 0	Other Coutributory Causes of importance:	
12. BfRTHPLACE (city or town)(State or country)	arenist Powoming	15da
13. NAME William James	- Journa Jaconia J	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation	21-
	What test confirmed diagnosis? Lune Ste. Was there en e	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State_oc_country)	23. If death was due to external causes (VIOLENCE) fill in also the following     Accident, suicide, or homicide?  Whara did injury occur?  Whara did injury occur?	, f9
17. INFORMANT Concession of the Concession of th	(Specify eity or town, county and States Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURTAL, CREMATION, OR REMOVAL Place Date Doc 26, 1937	Manner of injury	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of daceasad?	120
20. FILED/2 - 26, 19.37 J. Muy 4 "	(Signed) Alexander Classacher	M.

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3 (3) (4) (V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Monner of injury

Nature of fniury

24. Was discos

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

pinous OF

mation

LION

17. INFORMANT

19. UNDERTAKER

18. BURIAL

(Address)

BINDING

RESERVED

MARGIN

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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AGE should be stated EXACTLY. PHYSICIANS should show. ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT IN MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. nation should be carefully supplied. WRITE PLAINLY, W

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH County Q — —	Registration Dist. No. 2	
Village or City KEST Oral E	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	
2. FULL NAME Offed Joves (a) Residence: No. Joseph Gale (Usual place of abode)	If U. S. Veteran, specify WAR	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 27 , 193	7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Single  6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attended decea	
7. AGE Years Months Days If LESS than 1 dey, hrs. or min.	to have occurred on the date stated above, et	ta of onsat
SAWYEK, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Brooncho-premina	3 days
this occupation (month and spent in this occupation  12. BIRTHPLACE (city or town) SELF Gals  (State or country) a-a-co-md	Other Contributary Causes of Importance:	
13. NAME Cames, Jones  14. BIRTHPLACE (city or town) Agreement	Neme of operation	
(State of country) 4 -4 - Co - Mag	What test confirmed diagnosis? Was there an autop	sy
15. MAIDEN NAME PENE Hall,  16. BIRTHPLACE (city or town) Island (State or country)  17. INFORMANT James Jones (Address)  18. MAIDEN NAME PENE Hall,  18. MAIDEN NAME PENE	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Town (Erro Cent) - Date 12: 30 , 19 27	Manner of injury	
19. UNDERTAKER E H 15 Tar le Er (Address) 47 Washing fan S1 20. FILEO 12 28, 19 37 AM MARGESTART.	24. Was disease or injury in eny way related to occupation of decessed?  If so, specify  (Signed) Tawwere W Teene  (Address)	M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 57 J 9 E EN '	

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	8101111.5.				
Other contributory	auses of importance:	100000	Other contributory causes of importance:		
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			3		

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	BUNEAU V. S.	4			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	1	1	Ji	4	8

:	1. PLACE OF	F DEATH					/
	County	Anne Arund	21	•••••		Registration Dist. No.	1
				Stai	te Hospit	5t., -	Ward
1	Length of resid	dence in city or town where	e deeth o	ccurred	(if	f death occurred in a horpital or institution, give its NAME instead of street and s	number)
1	2. FULL NAI	ME Murray	Kar	ie.		If U. S. Veteran, specify WAR	
	(a) Residen	ce: No. Cambri	dge.	Wary Usual place	land of abode)	St., Ward If nonresident give city or town and	State
26.00	PERSON	AL AND STATIS	TICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Male	4. COLOR OR RACE Black		R DIVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December (Month) (Day)	., 193 7 (Year)
5a	tf married, widow HUSBAND of (or) WiFE of	Lottie Ka	ne			22. I HEREBY CERTIFY, Thet i attended	deceesed from
6.	DATE OF BIRTH (	month, day, and year)	18	369	•	June 9th 19 37 to December 1 lest sew h im elive on December 19, 19 37	
	AGE Yee	rs Months	_	0eys 10WN	If LESS then I dey,hrs. ormin.	to have occurred on the dete steted above, at _4:20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	Trade nunter	ssion, or perticuler	01,111	10 1111	i ormin,	Multiple skin abscesses	Date of onset
OCCUPATION	SAWYER,	vork done, as SPINNER, BOOKKEEPER, etc.	Uı	iknow	<u>n</u>	Septicemia	5 mont
	9. Industry or work wes	business In which s done, es SILK MILL,	T	Jnknov	wn		-
OCCI		L, BANK, etc. ed last worked at petion (month end		11. Total ti	me (yeers)	-	
12		y or town)Unk	now			Other Centributery Causes of Importence: Senile Psychosis	
2	13. NAME	Unknown					
FATHER	14. BIRTHPLACE	(city or town)	nkn	own		Name of operation	
-	(State or					WheI test confirmed diagnosis? Wes there en	
MOTHER		(city or town) U	wn nkn	own		23. If death was due to externel causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	-
_	(Stete or INFORMANT	Hospital R Crownsvil	eco:	rds Marv	land	Where did injury occur?	te) .ACE.
18	BURIAL, CREMAT	ION, OR REMOVAL IN	L 00	14/2	2 1987	Menner of injury	***********
19	UNDERTAKER (Address)	ours H Ba	ign.	in.	Ž-	24. Wes disease or injury in any way releted to accupation of deceased?	9
20	. FILEO 1 1/20	, 19.3. 7	2	7. 4	De Registrar.	(Signed) Crownsville, Maryl	and . D.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
SI S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			The ST	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			21
County a C	-A	Registration Dist.	No. A
Village or City Hamewood	Λ	death occurred in a horpital or institution, give its NAME institution, ds. How long in U.S. If of foreign birth?	
$nl_{-}$	I W. phe	Charge M U.S. Veteran specify WAR.	
2. FULL NAME  (a) Residence: No, 3 Factors	(Usual place of abode)	St., Ward.	city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF	F DEATH
m w	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10 4 (Month)	(Day) , 193 <u>/</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Section Kof	penhauer	1 last saw h au aliva on Sec 10	Thet I attended deceased from  10, 19 3  1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days if LESS than I day, hrs. or min.	to have occurred on the data stated ebove, at	-m.
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	me_	Chr replush	unkun
9 Industry or business in which work was done, as SILK MILL,		Urema	Dec 5
10. Date deceased last worked at this occupation (month and yaar)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Pa (State or country)		Other Contributory Casses of Importance:	-7
x 1 0/ 001		Contract of the state of the st	Beter
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	อเอก	Name of operation	No
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	own	23. If death was due to external causes (VIOL ENCE) fill in Accident, suicide, or homicide?	elso the following:
(State or country)  17. INFORMANT ALL ELLIANS (Address), 3	miller o	Where did Injury occur?(Specify city or tow. Specily whether injury occurred In INDUSTRY, In HOME,	n, county and State) or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place In France	Date 1 1 197	Manner of injury  Nature of injury	
19. UNDERTAKER All J. H. (Address) annapage	John John	24. Was disaasa or injury in any way related to occupation of the so, specify	of deceased?
20. FILED 12.1.11., 1937	Registrar.	(Signed) (Address)	e Su Mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V S	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<del></del> @
County Orma Chundel	Registration Dist. No.
Village or City Parole	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby have	If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Societh the word)	21. DATE OF DEATH    2
59. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) 12/29/37	i lest sew h alive on
7. AGE Years Months Days The LESS than	to have occurred on the dete stated above, et 11:36 km.
1 deyhrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
9. Trade profession or particular	were as ronows:
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Simply:
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9, Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month end	Sullburta
11. Total time (years) this occupation (month end year)	
Reale	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
I 13. NAME / Perry have	
13. NAME / Ferry have 14. BIRTHPLACE (city or town) Patersboro (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
E :000	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT mother (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
TO DUDING ODDINGTION OF STANDARD	Manner of injury
Plece Branco Dote 1/2 1938	Neture of Injury
19. UNDERTAKER la has & Nicks fr. (Address) Ama Color of the	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED FORM 2 , 193/8 SMILES	(Signed) Lawrence W. July M. D.  (Address) Almayolis, M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		2 9000
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12616
1. PLACE OF DEATH	942
County G. CC	Registration Dist. No. 7/0 7
Village or City David Don vill	@ NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/mos.	
2. FULL NAME MAN COM of Decours	Ledgat of Neteran, Specify WAR & all
(a) Residence: No. Doedon will	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
53. If married, widowed, or divorced Richard Husband of (or) WIFE of	22. I HER-BY CERTIFY That I attended eccesed from
6. DATE OF BIRTH (month, day, end yeer) Dec 40th 1853	liast saw her elive on 100 c 5 , 1987; deeth Is seid
7. AGE Years Months Days If LESS then	to heve occurred on the date steted above, atm.
84 0   I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impartance were as 10 low:
8 Trede profession or perticular	the the Icon heery
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et this occupation (month end	3
SAW MILL, BANK, etc	Lenn
O this occupetion (month end spent in this year)	
maniford	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or coupyly)	Man, e altero 1919
13. NAME & Euroe Koy hinh	Ochera soo.
13. NAME of Europe Cay but II. BIRTHPLACE (city or town)	Name of operation
(State of county)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME / A / A Class Donzey  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to externel causes (VIOL ENCE) fill In elso the following:
[ 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL 1	Manner of injury
Place though the Date IR B., fol	Nature of Injury
19. UNDERTAKER Stend, Holdengh	24. Was disease or injury in eny wey related to occupation of deceased?
(Addiess) Lange of the	If so, specily
20. FILEDATEC. 18, 1937. Carrie Sunto.	(Signed) M. D.
Registrar.	(Address) Alexander (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 8 1938	July 5, 1927	Peritonitis	3 days ago
	PUNEAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE C	OF I	MARYL	AND-	CERTI	FICA	TE	OF	DEAT	H	

STATE OF MARKIERING	DEKTH TOXTE OF BEATTI
1. PLACE OF DEATH	<u> </u>
County a. a. a.	Registration Dist. No. 🙏
Village or City Campo parol. md	' NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where weath occurred	ds. How long In U.S. If of foreign blrth?yrsmosds.
2. FULL NAME / Daly Larken	If U.S. Yeteran specify WAR
(a) Residence: No. ( Just place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Your)
5a/If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. What I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1 ( 8 , 4 - 1937	I last saw h alive on, 19; death Is/seid
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9. Industry or business in which	Disc.
work was done, as SILK MILL, SAW MILL, BANK, etc.	Pienalu
10. Date deceased last worked at this occupation (month and year) occupation (coupation )	
	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME YOR TELL BELLE	
14. BIRTHPLACE city or town)	Name of operation Date of
(State or country) Lu Me. Cor Me	What test confirmed diegnosis? Was there an eutopsy? Wo
15. MAIDEN NAME Ella. Spuggo.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) gray. 10. mg.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Che Jan Back mad	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Quine Syll Date 1 3 20 19 3	Nature of injury
19. UNDERTAKER Of CUME SUNS I,	24. Was disease or injury in any wey related to occupation of deceased?
(Address) The Mail	If so, specify
20. FILED N & 5, 16/37 Whys 16/	(Signed) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting TU. S. No. 1.

V. S. No. 1

B ż

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	Example II	
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

is very important. See instructions on back of certificate.

STATE OF MAR	RYLAND—CERTIF	CATE	OF	DEATH
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1	. PLACE	E OF DEA	тн			(12)	
	County	anne	Arundel			Registration Dist. No. 21	
	Village	or CityA	nnanoli	s		No. Emergency Hosnital St, W  death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign high?	/ard
1	Langth o	of residance in c	ity or town where d	eath occurrad	Vrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?	ds.
1			illiam I			If U. S. Veteran, specify WAR	
_							
	(a) Ke	sidelice: No	Darusta	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
			D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Mal e		or or race		RIED, WIOOWED. D (write tha word)	21. DATE OF DEATH 2 3 193 (Month) (Oay) (Yeer)	1
5a.	If married, HUSBAND (or) WIFE	46	orced a E. Lo	wme.n		22. I HEREBY CERTIFY. That I attended deceased in the state of the sta	
6. I	ATE OF BI	RTH (month, de	y, and year) A	oril, 1	3. 1871	I last saw h, Last alive on Que 23,192); death is	sald
7. /		Years	Months	Oays	If LESS than	to have occurred on the date stated above, at	
3		66	8	9	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	nset
OCCUPATION	9 Industr wor SA 10. Date d this	profession, or p d of work dona WYER, BOOKKE ry or business i rk was done, as W MILL, BANK, lacaasad last wo s occupation (mo	EPER, etc	spe	ima (yaars) nt in this upation	Suplined appended 12- Saturdad Ferrando	19
12.	BIRTHPLAC	CE (city or town)	t man n		patron	Other Contributary Canses of importance:  Myseum Liter meld	
ER	13. NAME	Willi	am R. Lo	owman			Elig
FATHER		PLACE (city or to ate or country)	own)anns	apolis.		Name of operation Date of Was there an autopsy?	nd
ER	15. MAIOEI	N NAME	lizabeth	Smith		23. If daath was due to external causes (VIOLENCE) fill in also the following:	
MOTHER		PLACE (city or tate or country)	own) Anna	apolis		Accidant, suicide, or homicide?	
	INFORMANT (Addres	ss) Ea	E. Lowe	dan Marylar	id	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CR Placa	Anna po	REMOVAL lis, Ma.	Oate Dec	.26, 19 37	Mannar of injury	
19.		er Joh	n M. Tay anolis	ylor Md		24. Was disaese or injury in any way related to occupation of dacaased?	
20.	FILEO. A	7250	1937	JAMW	Ristrar.	(Signed) Confed State (Addrass) Chupul Mul	M. O.
			If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II		
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 928	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimork Requesting U. S. No. 1.

Date of onset

BINDIN

FOR

MARGIN RESERVED

S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W BY OF A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state JRD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R jation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLAINLY, W

V. S. No. 1

1. PLACE OF DEATH	
CountyAnne_arundelRegistration Dist. No	21
Village or City Crownsville State Hospited	_St.,Ward
(If death occurred in a hospital or institution, give its NAME instead of a Length of residence in city or town where death occurred 9 yrs. 8 mos. 8 ds. How long in U.S. If of foreign birth? yrs.	treet and number)ds.
2. FULL NAME Ida Meyers If U. S. Veteran, specify WAR.	
(a) Residence: No. 2202 McCullough Streetst, Baltwardre, Maryland (Usual place of abode)  [If nonresident give city or	town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE	
sex female black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word) Separated 21. DATE OF DEATH December 7th (Month) (Day)	193
5a. If married, widowed, or divorced  HUSBAND of Unknown  (or) WIFE of Unknown  22. I HEREBY CERTIFY, That I  March 29th 1928, to Dec.	7th 19 37
6. DATE OF BIRTH (month, day, and year) 1897 I lest saw h er alive on Dec. 7th	, 19.37; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 3 A. m.	
40 Unknown or min. The rest of Death and related causes of importance of the state	Date of onset 2 MOS
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Judgustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)  his occupation (month and	
year) occupation occupation	
Dther Contributory Canses of Importance:  (State or country)	
I3. NAME William Henry White, dead	
13. NAME William Henry White, dead  14. BIRTHPLACE (city or town) Maryland Name of operation ————  (State or country) What test confirmed diagnosis? Was	
15. MAIDEN NAME Cornelia Blunt 23. If death was due to external causes (VIDLENCE) fill in also the	following:
15. MAIDEN NAME Cornelia Blunt 16. BIRTHPLACE (city or town) North Carolina Accident, suicide, or homicide? Date of inju (State or country)  23. If death was due to external causes (VIDLENCE) fill in also the Accident, suicide, or homicide? Date of inju Where did injury occur?  (Specify city or town, country)	
17. INFORMANT Hospital Records Specify whether injury occurred in INDUSTRY, In HOME, or In P	UBLIC PLACE.
Place Converting Date Mee 10, 1937.  Nature of Injury.  Nature of Injury.	
19. UNDERTAKER PROCESS Rolland Ellevil of Many 24. Wes disease or injury in any way related to occupation of dec (Address) 129 Manham of Company of the Comp	eased?
20. FILED 2 LL 193 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ryland M.D

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Cerebral hemorrhage \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- 9	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			AL TOTAL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
. County Chance Chundel	Registration Dist. NV
Village or City Classapolis	No.3 Oklahoma Kelkale / Warr
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos,ds
No Maria Con Dela Contraction of the Contraction of	Welley If U. S. Veteran, specify WAR
	St. Ward. WITHIN CORPORATE LIMITS OF
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (price the word)	21. DATE OF DEATH DECLIFW 15, 1937 (Month) (Dey) (Year)
5a. If merried, widowed, or divorced	Market State Control of the Control
Village or City.  Length of residence in city or town where death occurred	22. I HEREBY CERTIFY. That I ettended deceased from
6 DATE OF BIRTH (month, dev and year) 7 oly 27- 1862	Hast sew h. 4 alive on Decurped 15, 1932; death is sei
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.4 m.
75 10 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Usute Cardias Delatation 9/37
9. Industry or business in which work was done, as SILK MILL,	
10. Deter deceased lest worked et this occupation (month and spent in this	
	Other Contributory Causes of importance:
	Chronia Mysearlite Not
	Knew
13. NAME To Colton	<u>U</u>
14. BIRTHPLACE (city or town).	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME TALE THE ITEMENT	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
24 4 1 11 A -4 OU / /	Where did injury occur? (Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Uninipole 194 Date Dae 16, 193/	Neture of Injury
10 HADEDTAVED John TV L. 14	24. Wes disease or injury in any way related to occupation of deceased?
	If so, specify
20. FILED DOC 6 1937 & Mursh	(Signed) Wallay / Hoffang My
Registrar	(Address) Lungaly Wayfaul

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

RITE PLAINLY, WIT

N. B.

PHYSICIANS should state CD. Every item of infor-

properly classified. Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT RE

MARGIN RESERVED FOR BINDING

on should be carefully supplied. AGE should be stated EXACTLY.

SE OF DEATH in plain terms, so that it may be

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 5 1950			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### HEALTH DEPARTMENT—CITY OF BALTIMORE ANNE ARUNDEL COUNTY CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No. (If death occurred a hospital or institution, give its NAME instead CITY OF BALTIMORE: (No. of street and number.) Length of residence in city on town where death occurred mos......ds. How iong ln U. S. If of foreign birth?.....yrs,.....mos......ds. If U. S. Veteran 2. FULL NAME specify WAR. (a) Residence: No. (Usuai pho of abode (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Raco 5. Single, Married, Widowed, 21. DATE OF DEATH (month, day, year) or Divorced (write the word) I HEREBY CERTIFY. That. attended deceased 5a. If married, widowed, HUSBAND of divorce (or) WIFE of I last saw han alive on. Death is said to have occurred on the date stated above. a 6. DATE OF BIRTH (month, day, year) The principsi cause of death and related causes of 7. AGE Years Months If LESS than importance were as follows: Date of enset 1 day,....hrs. or....min. And of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mili, bank, etc., Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year)..... occupation. 12. BIRTHPLACE (city or town Was an operation performed?-(State or country) For what disease or injury?..... FATHER 13. NAME Name of operation ... 14. BIRTHPLACE (city or town) What test confirmed diagno .Was there an autopsy?. (State or country) 23. If death was due to external causes (violence) fill in also the foilowing: 15. MAIDEN NAME Accident, suicide, or homicide?......Date of injury......

Where did injury occur?..

Manner of injury

Nature of Injury.

place

16. BIRTHPLACE (city or town) (State or country)

17. INFORMAN (Address)

18. BURIAL, CREMATION, OR TREMOVAL

19. UNDERTAKER

Registrar.

If so, spedify Ge or ge (Signed). M. D. (Address)

24. Was disease or injury in any way related to occupation of deceased?

(Specify city or town, county, and State)
Specify whether lnjury occurred in industry, in home, or in public

Allen.MD

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		1 14
Other contributory causes of importance:		Other contributory causes of importance:	and or the little
Gallstones	May 1, 1923	Gastroenteritis	1 year
for the contract of the second			
	1000		

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	2623
1. PLACE OF DEATH		(24)	
County Assal att	noll	Registration Dist. No. 21	
Village or City	rois.	No. 16 Black of t. st.,	Ward
Length of residence in city or town where d	100000000000000000000000000000000000000	f death occurred in a hospital or institution, give its NAME instead of street and r sds. How long In U.S. if of foreign birth?	
2. FULL NAME William			F
(a) Residence: No. 16 B	Isab. 21	St. Ward, WITHIN CORPORATE LIMITS	5 0
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
Male Tolor	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Larch Mor	Wheere	22. I HEREBY CERTIFY, Thet I etlended	
6. DATE OF BIRTH (month, day, end year)	n 1th 18900	I lest sew h. issa alive on Mesember 25 19.37	
7. AGE Years Months	Days If LESS than	to heve occurred on the date staled above, at 1:25-P.m.	
52	2 5 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	1 0	Portal Circhosis	1932
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Luve	Cachlaia	1936
work was done, as SILK MILL, SAW MILL, BANK, etc.	none	- Whiles	19.37
O 10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Rung		
	May		
	7	Name of operation. N.D. W.E. Date of	
(Slate or country)		What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	unes	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	7	Accident, suicide, or homicide? Date of injury	
(Stete or country)		Where did Injury occur?	
7. INFORMANT Laroh W	rorly	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) ACE.
(Address)	LT /		
18. BURIAL, CREMATION, OR REMOVAL Place From Public	Dale Don 2811, 19 37	Manner of injury	
0 0 = -	N 1	Nature of injury	NIG
19. UNDERTAKER Robert de (Address) 31 Lalu de	laston	24. Was disease or injury in any way related to occupation of deceased?	100
12 20 34 1	0111.010	If so, specify  (Signed)  MClind TY	M. D.
20 FILED / / ~ / . 1 10 6 /	TO VIVIANI WALKE	And the state of t	

(Address) 1 Troundal.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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, IAN 5 1908			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Manner of injury

Nature of injury.

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Mee Registrar.

BINDIN

MARGIN RESERVED

AUSE LION

19. UNDERTAKER (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No ds. How long in U.S. if of foreign birth? vrs. mos ds. If nonresident give city or town and State Date of onset Was there an autonsy? (Specify city or town, county and State) 24. Was diseasa or injury in any way related to occupation of deceased?

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E	xample I		Example II	
The principal cause of dea of importance were as foll- Arteriosclerosis	th and related causes ows:		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1331 @ 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	UNIX 0 1005	July 5,1927	Peritonitis	3 days ago
11	DEALLY S			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEA	TH	1417414			
	County Anne	Arundel			Registration Dist. No. 27	
Village or City Fort George G. Meade			ge G. Mea	de	No.	Ward
1	Length of residence in c			yrsmos	death occurred in a horpital or institution, give its NAME instead of street and nds. How long in U.S. if of foreign birth?	umber)
3	FULL NAME		Lee Nemet			
	(a) Residence: No.	Quarters	No. NC-12	, 	St., Ward.	
-	PERSONAL AN	ID STATIST	(Usual place		If nonresident give city or town and :  MEDICAL CERTIFICATE OF DEATH	Diale
-		OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
	Male	White 2		D (write the word)	December 12 (Month) (Dey)	193 37 (Year)
5a	If married, widowed, or dive HUSBANO of	orced			22. I HEREBY CERTIFY, That I attended of	incassed from
	(or) WIFE of	-			December 4 1937 to December 12	37
_	DATE OF BIRTH (month, da	, , , , , ,	ecember 4	-	Hast saw h_im_alive on_December 11, 19 37	; death is said
7.	AGE Years	Months	Days	If LESS then	to have occurred on the date stated above, at 5:30g m.	
	0	0	8-	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
OCCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BOOKKE	as SPINNER.	Infant		Prematurity 8 months	
PAT	9. Industry or business in work wes done, as	n which				
5	SAW MILL, BANK,	etc				
8	10. Date deceased last wo this occupation (mo	onth end	spe	ime (yeers) ntin this		
-	year)			pation	Other Coutributory Causes of importance;	
12	BIRTHPLACE (city or town)	)	rge G. Le	ade		
-	(State or country)	Marylan				
FATHER	13. NAME Stanle	y Witkon	SAI			
AT	14. BIRTHPLACE (city or to		inville		Name of operation Date of	
	(State or country)	Ohio			What test confirmed diagnosis? Was there an a	ulopsy?
HER	15. MAIDEN NAME				23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME lary Nemeth 16. BIRTHPLACE (city or town) Steubinville (State or country) Ohio					Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17	INFORMANT 10t (Address) Ft.	her Geerge.	i. Leade.	Yd.	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL CREMATION, OR REMOVAL Place II. CARS CATALOGUE, Oate Dec. 13, 19 37					Manner of Injury	
19	. UNOERTAKER	None			24. Was disease or injury in eny way related to occupation of deceased?	
	(Address)				If so, specify L.C. Poeco	
20	FILED Dec. 12	19 37 B.	norus	31 (12)	(Signed) L. C. ROCCO, 1st. Lt., 1ed-	
		B. HORRIS	· TIC. COT	. M. CRegistrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

the fleether, it signed to be a

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1938			
Other contributory causes of importance:		Other contributory causes of importance:	igua
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

UNFADING INK-THIS IS A PERMANENT RI

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WI

V. S. No. 1

stated EXACTLY. properly classified.

PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA-

# STATE OF MADVI AND—CERTIFICATE OF DEATH

1.	PLACE (	F DEAT	гн			(31)		
	County	Anne	Arundel			Registration Dist. No. ———		
Village or City Crownsville state Hospits (If Length of residence In city or town whara daath occurred 24yrs 6 more					e Hospita (H 24yrs 6 mos	death occurred in a horpital or institution, give its NAME instead of street and number)  14 ds. How long In U.S. if of foreign birth?yrsmos d		
2.						If U. S. Veteran, specify WAR		
			Unkn	(Usual place	of abode)	St., —— Ward.  If nonresident give city or town and State		
				ICAL PARTI		MEDICAL CERTIFICATE OF DEATH		
3. SE	x Tale		a ck	5. SINGLE, MAR OR DIVORCE Unkn	RRIED, WIOOWED, D (write the word)	21. DATE OF DEATH  December 24 193.7  (Month) (Day) (Year)		
	married, wide HUSBANO of (or) WIFE of		known			22. I HEREBY CERTIFY, That I ettended deceased fr June 10, 1, 1913, to December 24,19.3		
6. DA	ATE OF BIRTI	I (month, day	y, and year)	1888		Hast saw h. im. aliva on December 24, 1937; death is si		
7. AG	GE Y	ears	Months	Days	If LESS than A 1 day,hrs.	to have occurred on the date stated above, at 2: 45 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
5 1	8. Trada, profession, or particular kind of work done, as SPINNER,			<u>uknown</u> Unknown		were as follows: Chronic Endocarditis and Un-		
OCCUPATION	Odnatustan a	- business in				Cardiac Hypertrophy know Chronic Napharitis (napharosia)		
000	10. Date dece	sed last wor supation (mor	kad at	11. Total t	tima (years) ent in this upation			
12. B	SIRTHPLACE (	city or town).	Jamaic Vest			Other Contributory Causes of Importance: Psychosis with other Somatic Disease, Cardio renal.		
	13. NAME		Unknow			Danounos vararo ronars		
I	14. BIRTHPLA (State	CE (city or to or country)	wn) Unkn	own		Neme of operation Date of		
HER I	15. MAIDEN N	AME	Tin	knwon		23. If daath was dua to axtarnal causes (VIOLENCE) fill in also the following:		
MOTH				Unknwon		Accident, suicide, or homicide?, 19, 19		
(State or country)  17. INFORMANT Hospital Records (Address) Crownsville, Maryland					land	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL  Place Crownsville  Date  2  19  19			12/2 Date /2	£ ,19.)	Manner of injury			
19. U	NDERTAKER (Addrass)	Du	ph			24. Was disease or injury in any way ralated to occupation of decaasen?		
20. F	ILEO 12-/	28.,1	19 5	7/2	Registrar.	(Signed) Crownsville, Maryland		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 1938				
V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE	OF MARYLAND—	CERTIFICATE	OF DEA	TH	
1. PLACE OF DEATH	6 1	107 - V	- 2		7
County allere W	Rundel		Registration	Dist. No.	40
Village or City Harz	wod	No.	tion, give its NAME	St.,	Ward
Length of residence In city or town whe		/			
2. FULL NAME Wohepou	h Neury ar	Ker If U. S. Veteran,	specify WAR		
(a) Residence: No.	T.	St., Ward.			
	(Usual place of abode)	1		give city or town as	nd State
PERSONAL AND STATIS			ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (conserved)	21. DATE OF DEATH	Nec (Month)	26 (Day)	., f93 (Year)
a. If married, widowed, or divorced HUSBAND of					
(or) WIFE of	Mari-	22. I HEREBY			
DATE OF BIRTH (month, day, and year)	the 24-1934	I last saw h alive on		, 19	
7. AGE Years Months	Days If LESS then	to have occurred on the dete state			
	2   1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT	H and related cause	es of Importance	Ontentanta
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		10 purper	au c	u aue	udau
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		1			- 1
work was done, as SILK MILL, SAW MILL, BANK, etc		John Mas	Milpri	March !	placed
10. Date deceased last worked at	11. Total time (years) spent in this	of would de	y su	nave	
this occupation (month and year)	spent in this occupation	Broute To	freen	umi	- /
12. BIRTHPLACE (city or town).	nryland.	Other Caatributery Causes of Impo	ortance:	- July	
(State or country)	(A) 1 =				
13. NAME Decree	Parker				
13. NAME PURE	1 0	Name of operation		Data of	
(State or country)	refleced	What test confirmed diagnosis?			
15. MAIOEN NAME With 4	Hopkies	23. If deeth wes due to external cau			
15. MAIOEN NAME THE LEGISLA CONTROL OF THE LE		Accident, suicide, or homicide?			•
(State or country)	ariftacia,	Where did injury occur?		outs of mjuly	, 13
Mournel	No MINI	Specify whether injury occurred in	(Specify city or	town, county and St	tale)
7. INFORMANT' YEAR (Address)	Varyword, Wes	Populary michigan injury occurred in	i industri, il nu	me, or in robert P	LAUE.
8. BURIAL, CREMATION, OR SENDEN	2 0 may 7 1 71	Manner of injury	*******		
Place Januar Co	Date 1020 1,1927	Nature of injury			
19. UNDERTAKER Verry	Meder	24. Was disease or injury in any w			
(Addiess)	word , reed	If so, specify	7/		Del
necz6,37	It & Clarita	(Signed)	Cay wo	7	Walne
.u. FILED, 19.2./	Sep had Registrar.	(Address) Sou	likes	Ked!	Keg
If mo	ore blanks are næded, address State Registrar,	2411 N. Charles Street, Baltimore, Re	questing U. S. No.	I.	1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
IN SUREAU V. S.	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# JRD. Every item of inforshould state PHYSICIANS A PERMANENT R stated EXACTLY. SI UNFADING INK-THIS AGE should be supplied. mation should be carefully -WRITE PLAINLY,

FOR BINDING

ARGIN RESERVED

Α-	STATE OF MARYLAND	CERTIFICATE OF DEATH 12628
of OCCUP	1. PLACE OF DEATH  County Anne annote!  Village or City Mutual!	Registration Dist. No. 20  No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
statement	Length of residence in city or town where deeth occurredyrs,mos,  2. FULL NAME Annie Chary Patha  (a) Residence: No. Muttwell Manual (Usual place of abode)	ds. How long in U.S. if of foreign birth?
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  December 3, 193 7  (Month) (Day) (Year)
classified	5a. If married, widowed, or divorced HUSBANO of (OF) HAFE-ST- Wilbert F. Petherlings	22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 19.37, to Dec. 3, 19.37
properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h alive on
may be plack of co	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Coronary Humbris
t it	10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of importance:
terms, so that instructions	12. BIRTHPLACE (city or town) York, Canada - (State or country)  2 13. NAME James Cherry	arterioselerosis
plain te	14. BIRTHPLACE (city or town) Canada (State or country)	Name of operation Dete of Dete of What test confirmed diagnosis? Was there an autopsy?
EATH in important	15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (STOP or country)  17. INFORMANT  17. INFORMANT	23. If death was due to external causes (VIOL ENCE) fill In also the Iollowing:  Accident, sulcide, or homicide?
SE OF D	18. BURIAL, CREMATION, OR REMOVAL Place St. James Cemetery Date Die: 5- , 19.37	Menner of injury
CAUSE TION is	19. UNDERTAKER Robert J. Wood	24. Was disease or injury in any way retated to occupation of deceased? 200

V. S. No. 1

(Address)

If more blanks are nodded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

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Example I		PI	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of importance were a Attack of epilepsy	of death and related causes follows:	
Chronic interstitial nephritis	1921	Run over by street car		week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	DEC 23 1937	3 days ago
			BUREAUVR	<u>}                                    </u>
Other contributory causes of importance:		Other contributory ca	uses of importance	
Gallstones	May 1,1923	Gastroenteritis		1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

	-CERTIFICATE OF DEATH 12629
County drive arendel	Registration Dist. No.
	No. St., Wat lift U. S. Veteran, specify WAR
(a) Residence: No. Parall (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. II merried, widowed, or divorced	21. DATE OF DEATH  (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decessed Iro
6. DATE OF BIRTH (month, dey, end yeer) Mach 24 / 894 7 7. AGE Yeers Months Deys If LESS then 1 day,hrs	THE CALL AL CAUSE OF DEATH and releted causes of importance
8. Trade, prolession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occurrent of this county in the same in this secure in the same in this secure in the same in this secure.	Occlusion
12. BIRTHPLACE (city or town)  (State or country)  2. Date the deceased rate worked at this occupation (spant in this occupation)  12. BIRTHPLACE (city or town)  (State or country)  2. 2. 2. (a.d.)	Other Contributary Causes of Importence:
13. NAME ( Sallis Printel	
13. NAME hellip Vindele  14. BIRTHPLACE (city or town). a. a. es.  (State or country).	Neme oI operation Dete oI
	What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Frances E. Randall  16. BIRTHPLACE (city or town) Q. Q. LO.  (Stete or country)	23. II death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Phillip Pindell (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Stewer & Kill Date Klee. 8, 193	Menner of Injury
19. UNDERTAKER J. B. Johnson Lud- (Address) Lud- 20. 5150 12 2 5 3 7 Mills of a land	24. Was disease injury in any way related to occupation of deceased?  Hee, specifies to the first the second of th
20. FILED 12	(Address) Change De Questing V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsur 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 121
1. PLACE OF DEATH	(92)
County a a	Registration Dist. No. 2
Village or City Com apoles mo	No. / Dean St
Length of residence in city or town where death occurred 2 yrs	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Ellen Popha	m
(a) Residence: No. / Dean	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	Dec 23 193/
5a. If married, widoward, or divorced HUSBAND of	
(or) WIFE of John to Norsham	22. I HEREBY CERTIFY. That I attended deceased
6. DATE OF BIRTH (month, day, and year) Jan 30 - 1849	I last saw has alive on Der 2 2 1957 daeth
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 2 a.m.
88 10 23   f day,hrs.	wats as follows.
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of
SAWYER, BOOKKEEPER, etc.	Myserletina Mysgolia My
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this excuration (month and	Junif janay Chine
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) a Q. Co one	Other Contributory Canses of importanca:
(State or country)	Mahamadhan
13. NAME Francis Brashease	
13. NAME Trances Brashease 14. BIRTHPLACE (city or town)	Name of operation
(State of country) at the Company	What tast confirmed diagnosis? Was thera an autopsy?.
15. MAIDEN NAME Releccae weedow	23. If death was dua to external causes (VIOLENCE) fill in also the following:
6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19.
(State or country) a a Co mi	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMAN MIS W. a Gentleson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1	Manner of injury
Place Celetter Bluff Date La 197/	Neture of Injury
19. UNDERTAKER & L. Happing	24. Was disease or injury In any way ralated to occupation of decaased?
(Addrass) annapolity mot	If so, specify
120 EUED 7 7 5 10 K ) ( ( NY ) 1 1 1 1 1	(Signed) Colour (

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Addrass) .....

12630

\_\_\_\_\_ds.

(Year) ended deceased from ... 19.32

; daeth is said

Date of onset

ra an autopsy? Life

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 5 1988				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA-RD. Every item of inforpluods

(Address) Can Busine Mil

-	I PLACE OF	PEAT	1			(131)	20
	CountyA	nne	rundel			Registration Dist. No	≪3
			rks Sta	S	evern T	St	Ward
	-				(If	death occurred in a hospital or institution, give its NAME instead of street	
	Length of resi	dence in city	or town where de	eth occurred	yrs,mos.	ds. How long in U.S. if of foreign birth?yrs	mosds
2	. FULL NA	ME Mal	y Louis	se Rahn	is	If U. S. Veteran, specify WAR	
	(a) Residen	ce: No	Clark	Sta. (Usual place	Seven	. 18t.p., Ward. If nonresident give city or town	n and State
	PERSON	IAL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
	sex Female		or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  December 8, 1937  (Month) (Decy)	, 193_ <b>@</b> (Year)
5e.	if merried, widow HUSBAND of (or) WIFE of			rederic	k Rahnis	22. HEREBY CERTIFY, That I atte	nded deceased fro
	(01) 11112 01	34.	or mon Pa	000110	A 30 (S) 3111 A. (O)	July 1900 NEC	19.3.7
6.	DATE OF BIRTH	(month, day,	end year) De	cember	23, 185		34; death is sai
7.	AGE Yes	ırs	Months	Deys	If LESS then	to heve occurred on the date steted above, et 9 . 45P m.	
	80		11	15	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:	Date of onse
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed last worked at this occupation (month and spent in this						Chronic Interation	Lu.
1000	Work was done, as SIEK MILL, SAW MILL, BANK, etc			II. Totel t	ime (yeers) nt in this	Chunic Endocardetis	no fully
12	BIRTHPLACE (ci	ity or town)_	Balti	more.		Other Cantributory Causes of importence:	
_	(State or cou			Md		CEcchae humonha	es / OF
ER	13. NAME	Henr	y Holla	nd			
FATHER	14. BIRTHPLACI	E (city or tow r country)	vn)U	nknown Germs	ny	Name of operation	re an autopsy?
EB	15. MAIDEN NA	ME M	ary Dob	art.		23, if deeth wes due to externel causes (VIOLENCE) fill in also the fol	lowing:
MOTHER	16, BIRTHPLAC		Tink	nown	many	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17	. INFORMANT (Address)		Willia vern. R			(Specify city or town, county at Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBL	
18	Balt ox	TION, OR RI	EMOVAL		11, 193	Menner of injury	
19	O. UNDERTAKER (Address)	Thom	oo Willow	Bull	ton it, ma	24. Was disease or injury in any wey related to occupetion of decease	107 16
	Q.	10.	.27 ~	1000	000	(Signed) John & allegan	Idea M.

CAUSE OF DEATH in plain terms, so that it may ation should be carefully

of

Exact statement

stated EXACTLY A PERMANENT

AGE should be

classified.

certificate. properly

See instructions on back

TION is very important.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing U. S. No. 1.

Registrar.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy .	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		100	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:  May 1,1923 Gastroenteritis	

V. S. No. 1 N. B.

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	1263
	MILLIA PULLA		<b>O</b> .		

1	. PLACE OF DEA	\TH			942
	County Anne	arun de	21		Registration Dist. No. 21
	Village or City	Crownsv	rille St	ate Hosp	itanhSt.,Ward
	Length of residence in	city or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAME	Li	Illian R	eed	
	(a) Residence: No.	Re	eisterto	wn, Balt	imore Couwaty, Maryland
-	PERSONAL AI	ND STATIST	(Usual place	of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3.		OR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
		lack	OR DIVORCE	Owed	December 9th 193 7
5a.	If married, widowed, or div				(Month) (Oay) (Year)
	(or) WIFE of	Unknown		runing has Super	22. I HEREBY CERTIFY, That I attended deceased from March 27th 1937 to Dec. 9th 1937
6.	DATE OF BIRTH (month, d	av. end vear)	L888		Hast sew her alive on December 9th 19 37 death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6Am.
	49	Unkr	own	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
N	8. Trade, profession, or kind of work done SAWYER, BOOKKE	particular , as SPINNER,	Hougowo	عادد	Coronary Thrombosis
PATION	9. Industry or business	In which	Housewo	IK	
CUP	work was done, as SAW MILL, BANK,	SILK MILL, , etc			
Ö	10. Date deceased last w this occupation (m	onth and	spai	me (yeers)	
-	year)		land	pation	Other Coatributory Causes of Importance:
12.	(State or country)	ı)y	Land		
2	1	Isaac De	etts		
H	14. BIRTHPLACE (city or	town) MS	ryland		Name of operation
-	(State or country)				Whet test confirmed diagnosis? Was there an autopsy? No
HER	15. MAIDEN NAME	Martha 1.		7 7	23. If death was due to external causes (VIOLENCE) fill in also the following:
2	16. BIRTHPLACE (city or		Mary	Land	Accident, suicide, or homicide?
	(Stete or country)	spital F	Records		Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Crownsville Maryland				wland	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL					Manner of injury
	Place All -	unes	Date Lec	, 12 ,1937	Natura of injury
19.	UNDERTAKER	7. Elin	2780	ndo	24. Was diseese or injury in any way related to occupation of deceased?
-	(Address)	Noislers)	our 9	de	If so, specify
20.	FILED DLC 9	1987 2.	T. John	Registrar.	(Signed) Messy Milapolis, R. F. D., Md.
		L		Accessoral.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
EACT V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE	OF MARYLAND-	-CERTIFICATE OF DEATH	10000
1. PLACE OF DEATH			<b>6</b>
County Usine Usin	idel	HenBurne Registration Dist. No.	21
Village or City East Ja	vers 4 miles below	ND. Texes. D. St., If death occurred in a hospital or institution, give its NAME instead of street ar	Ward
Length of residence in city or town whe		ssds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Ida	augusta Reine	ckeIf U. S. Veteran, specify WAR	
(a) Residence: No. Very	m md	St.,Ward.	
DEDGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 7 (Year)
5m. If married, widowed, or divorced HUSBAND of (or) WIFE of Welliam	Reineke	22. HEREBY CERTIFY. Thet I attend	ed deceased from
PATE OF SIDE O	July 13 1858	19.7.10	, 199
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at \$\frac{13}{25} \are m.	; genth is said
79 6	1 day,hrs ormin.		Data of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Housework A	Benchice (isther	
9. Industry or business in which	1	Carlie Hang holl	Ees
work was done, as SILK MILL, SAW MILL, BANK, etc	home	Colored Harris	40
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	, passes w.	- Fai
12. BIRTHPLACE (city or town) See	many	Other Cantributary Causes of Importance:	
1///			- inte
13. NAME  14. BIRTHPLACE (city or town)	rown	Al Colotun	1407
(State or country)		Name of operation	
	Many	Whet test confirmed diegnosis? Was there a	16
	jourson	23. if death was due to external causes (VIDLENCE) fill in also the follow	
2 16. BIRTHPLACE (city or town)	rm aus	Accident, sulcide, or homicide? Date of injury  Where did Injury occur?	, 19
17. INFORMANTS Freda (Address) Glan Branch	Lauver	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL	uc program	Manner of injury	
Place Cedar Hill	Date Dec 21 ,1937	Nature of injury	
19. UNDERTAKER John 1 (Address) 715 I	Denny	24. Was disease or injury in any way related to occupation of deceased?	tio
20. FILED Dec. 19, 19.37	Mosealla Registrar.	(Signed) The filly and	M. D
If m		r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1938				
I JAN 2				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	2			
	\$		1175081	

V. S. No. 1

should state of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

12634

	1. PLACE O	F DEA	TH		-	93-20	
	County A	nne	Arundel			Registration Dist. No.	I
	Olas I Deserta					-	St Ward
	Length of resi	dence in c	eity or town where	leath occurred	(1 yrs,mo	No. f death occurred in a horpital or institution, give its NAME instead of str sds. How long in U.S. if of foreign birth?yrs,	eet and number)
	2. FULL NA						
	(a) Residen	ce: No.	Chels	ea Beach	1	St.,Ward.	
_				(Usual place	of abode)	If nonresident give city or to	
-			ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	TH
3.	female		or or race		RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH December 15th (Month) (Day)	, 1937
5a	. If married, widow HUSBAND of						(Year)
	(or) WIFE of	Jo	hn F. R	eynolds		22. I HEREBY CERTIFY, That I at	
	DATE OF BIRTH (		y, and year) ,T	une IO,	I860	I last saw her alive on September 1	932; death Is said
7.	AGE Year	rs	Months	Days	If LESS than	to have occurred on the date stated above, atm.	
		77	6	5	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Important	
N	8. Trade, profes	sion, or p	articular as SPINNER	Housew:	fe	were as follows: Chronic myocarditis	Date of one ot
VIC		kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which					
UPA	work was	done, as	SILK MILL, etc	at ho	ome		
OCCUPATION	10. Date decease	d last wo	rked at	11. Total ti	me (years) t in this pation		
12	. BIRTHPLACE (city	y or town)	Fairf	ax Coun Va	У	Other Contributory Causes of importance: Coronary occlusion	sudder
œ		(17)					
HE.	13. NAME	ames	Presto	n			
FATHER	14. BIRTHPLACE (State or	(city or to country)	own)	.Va.		Name of operation Da What test confirmed diagnosls? Was the	
上品	15. MAIDEN NAN	AE T	lizabet	Reed		23. If death was due to external causes (VIOL ENCE) fill in also the fo	
MOTHER	16. BIRTHPLACE (State or	(city or to	wn)		own	Accident, suicide, or homicide? Date of injury_ Where did injury occur?	
17.	INFORMANT(Address)	J.	Revnol	ds .		(Specify city or town, county a Specify whether Injury occurred in INDUSTRY, in HOME, or In PUB	LIC PLACE.
18.	BURIAL, CREMATI	ON OR R	REMOVAL	12-I		Manner of injury	
19.	UNDERTAKER		H. Evan			24. Was disease or injury In any way related to occupation of deceas	
20.	FILED IZ-	I5 ,	19 37 Z.	Ce. Re	3 Web	(Signed) Pasadena Wa	liftme

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of incorpance:  Gastroenteritis	1 year
ADDITIONAL SPACE F	or furth	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

10. Date deceesed last worked at

12. BIRTHPLACE (city or town)

13. NAME

FATHER

MOTHER

(Stata or country)

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or towe

(State or country

this occupation (month and

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12635
1. PLACE OF DEATH  County  Village or City Greenland Black  (If  Length of residence in city or town where death occurred yrs mos	Registration Dist. No.  No.  St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth? yrs mos ds.
(a) Residence: No. Storieg Creek Road.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH  12-21-37 (Month) (Day) (Year)  22. 1 HEREBY CERTIFY, That I ettended decesed from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than  1 day,hrs.  ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	I last sew h lim live on l2-20-37, 19; death is said to have occurred on the date stated above, at 9-20 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  My © Carditis 6-29-36  Date of onset
work was done, as SILK MILL, SAW MILL, BANK, atc.	

11. Total tima (years) spent in this

occupation ....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of injury

If so, specify

Cous

23. If death was due to externel causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)

What test confirmed diagnosis?

Accident, suicide, or homicide?

Where did injury occur?\_\_ N.P.O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURLAU.Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		being the second of the second	

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
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should state Exact statement of OCCUPA-CRD. Every item of inforstated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully TION is very important. WRITE PLAINLY

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(93°E)	
County	Anne Arunde	1		Registration Dist. No.	23
Village or (	city Glen sur	nie. Md		No.	Ward
Length of res	sidence In city or town where	death occurred	(lí	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs,	number)
2. FULL NA	ME Concett	a Serio		If U. S. Veteran, specify WAR	
(a) Resider	nce: No. Glen Bu	cnie, k		St., Ward.  If nonresident give city or town an	d State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
remale	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 5  (Month) (Oay)	, 193 <b>7</b> (Year)
5a. If married, widow HUSBANO of	wed, or divorced				
(or) WIFE of	Salvador	Serio		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH	(month, day, and year) Ju	Ly 20. ]	.943	I last saw h es alive on less 4 , 19.3	2; death is said
	ars Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at .8 . 30PM.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profe	ession or particular	15	ormin.	were as follows:	Date of onset
kind of SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc	ouse wif	a	Chronic My and Strivith	3
	business in which as done, as SILK MILL, LL, BANK, etc			sur jena Kin	
- (1113 0000	sed last worked at upation (month and	11. Total ti	me (years) nt in this pation 60 77		
12. BIRTHPLACE (c (State or cou		alu Italy		Other Contributory Causes of Importance:	
13. NAME	Joe Se			Carons .	- 5
I IS. NAME				Jenstey -	
4.71	E (city or town)UT.	known.	alv.	Name of operation Date of	
15. MAIDEN NA	AME Angela			What test confirmed diagnosis? Character and What test confirmed diagnosis? Character and the state of the st	
E	77	known,		23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
State o	E (city or town)		alv.	Where did injury occur?	, 17
17. INFORMANT _M (Address)	r. Anthony Glen Bul		Id.	(Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate) LACE.
	TION, OR REMOVAL	Oate Dec		Manner of Injury	
19. UNDERTAKER (Address)	Thomas U	de Jeu	glison	Nature of Injury in any way related to occupation of deceased?	m
20. FILEO Dec	9 19 37	marge	allra Registrar.	(Signed) James M. Serra (Address) 12.2.2. Chamass 1.36	M. D.
20. FILEO DEC	19.37	blanks are needed, a		(orginal)	M. D.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF	F DEAT	ГН			(160-8)	
	County	Anne	Arunde	21		Registration Dist. No.	
	Village or C	ity	Clvator	)		NOSt.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	Langth of resid	dence in cit	y or town where	deeth occurred	(If	f death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. if of foreign birth?yrsmos.	mber)
			,		nt) Smith		
1			-1-1122722		107 15114 01	St., Ward.	
-	(a) Nesiden	cc. 110		(Usual place	of abode)	If nonresident give city or town and S	ate
_		,		ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
	male	wh:	r or race		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH December 20 (Month) (Day)	193.77
5a	If merriad, widow HUSBAND of	ed, or divo	rcad				(Year)
	(or) WIFE ot					22. I HEREBY CERTIFY, Thet I attended de	
6	DATE OF BIRTH (	month day	and wass)	2	00 7078		
	AGE Year		Months	Days	if LESS then	to heve occurred on the dete steted above, at	ngaru iz zain
					I dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
z	8. Trade, protas	ork done	O CDIMNED			Accidental drowning	Date of onset
TIO	SAWYER,	BOOKKEE	PER, atc			(birth took place while mother	
OCCUPATION	9. Industry or b	dona, as S I RANK o	WRICK ILK MILL, tc			was sitting on a bucket half	
S	10. Date decaasa		kad at	11. Total ti		full of water. There was no	
	year)	oatton (mon	en and	span	pation	attendant present).	
12.	BIRTHPLACE (cit		Elva	ton	•••••	Other Contributory Causes of importenca:	
2	13. NAME		1 Smith	354.			
FATHER							
FA	14. BIRTHPLACE (State or		₩N)	7.5		Name of operation	200
ER	15. MAIDEN NAM	ME Ta	rv Smit	h		What tast confirmed diegnosis?	opsy?
MOTHER		(city or to	vn)	178		Accident, suicide, or homicide? Dete of injury-	, 19
17.	INFLIKMANI		Smith vaton,	77,3		Where did injury occur?(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	E.
18.	BURIAL, CREMATI					Manage of Inform	
	Place	arle	У	Data_I2-2	I,19.37	Manner of injury	
19.				ton		24. Was disease or injury in any way related to occupation of deceesed?	
20.	(Address) FILED / 2	-20,1	37 X	Ca-a	3 Ecit	If so, specity (Signed)	M. D.
-					Registrar.	(Addrass) Pardu.	16

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

19. UNDERTAKER

20. FILED.

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12638
County annt arundel Village or City annapoles	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  M. dower	21. DATE OF DEATH /2 6, 193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eath Vergue Sturges  6. DATE OF BIRTH (month, dey, and year)   891, Oct 21  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (fronth and the segment in this segment	22. I HEREBY CERTIFY. That I altended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
12. BIRTHPLACE (city or town) accomac 60 (State or country) and 13. NAME	Other Contributory Causes of Importanco:  Boronary arteriosclerosis
14. BUTHPLACE (city or town) Northhamptonce (Stale or country)	Name of operation 2000 Date of
15. MAIDEN NAME many Beyndick  16. BIRTHPLACE (city or town) horthhempton 68  (State or country) regimes  17. INFORMANT (Address) Lemburne mad  18. BURIAL, CREMATION, OR REMOVAL	23. If death was due to external causes (VIDI ENCE) fill in elso the following:  Accident, suicide, or homicide?
1 AM am a cat - 1/8	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
IVN 9 1390			
V. S. U			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Unicones	May 1,1925	Gastroenterius	

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WI

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107.0/
County (line Chandel	Registration Dist. No. 20
Village or City Dan drowille	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?
2. FULL NAME Mary Olyatelle Sil	If U. S. Veteran, specify WAR
(a) Residence: No. A atmass (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Temale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR BY ORCHO (price the word)	21. DATE OF DEATH DIC 3 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley Auct	22. I HEREBY CERTIFY, That i attended deceased from 28 1937 to Que 3 1937
6. OATE OF BIRTH/(month, day, end year) Dectaber 16 4 1853	i last saw h M. alive on Dec. 3, 1937; death is said
7. AGE Teers Months Days if LESS than	to have occurred on the date stated above, at 1:30 P.m.
1 1 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Broules prummia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased iast worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Classe Chun del Co	
(State or country) . The	Chronic bronchitis
13. NAME William Walker  14. BIRTHPLACE (city or town). Q. Q. Co.	old age
4 14. BIRTHPLACE (city or town) Q . Q. Co.	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary E. alvey	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town) Q. Q. C	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clin abelle Trefife (Address) Hagydsomorele Q.Q Est md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Dandsmull and Dec 5, 1937	Manner of injury
19. UNDERTAKER VI but I, Auster (Address) Commande and.	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED Dec 14, 1937 Carrie Registrar.	(Signed)

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ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

state

plnods

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(4.F)
County Anne Arundell	Registration Dist. No. 22
Village or City Jessups, Maryland	No. House of Connection St., Ward f death occurred in a horpital or distitution, give its NAME instead of street and number) s. 22 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Henry Tapscott  (a) Residence: No. 429 Main St. Laux  (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male 5e. If married, widowed, or divorced	21. DATE OF DEATH December 25th 193 7 (Year)
HUSBAND of (or) WHE of June Japane Grant (month, day, end year)  6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Deys If LESS than 1 day, hrs. or min.  8. Trada, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et this occupation (month and the content of the content of the content of this occupation (month and the content of the content o	22. I HEREBY CERTIFY, That I attended daceased from December 12th, 19.37, to December 25th 9.37.  I last saw him alive on December 24th, 19.37; death is said to heve occurred on the date stated above, et 2:30. A. M.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:  Primary carcinoma of liver 12-25-3  Metastasis to Stomach.
12. BIRTHPLACE (city or town) Bury Fille Fa., (State or country)	Other Contributory Causes of Importance: Bronchial Asthma
13. NAME SURY FUELDS  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME Clegetith Source  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT TO T. M. Paparett  (Address)	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, PROSEMOVAL Place Duy Hill Transport Date Dela 27, 193	Menner of injury
19. UNDERTAKER DECLETE MALAGEMENT (Address)  20. FILED DC 25, 1937. Clara M. Haslup Register.	24. Was disease or Injury In eny way related to occupation of daceased?  If so, specify  (Signed) I I I I I I I I I I I I I I I I I I I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 144 A 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
* * Y AU V. 3.	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state JRD. Every item of infor-Stated EXACTLY. PHYSICIAMS UNFADING INK-THIS IS A PERMANENT R MARGIN RESERVED FOR BINDING TON is very important. See instructions on back of certificate. AGE should be USE OF DEATH in plain terms, so that it may be on should be carefully supplied. WRITE PLAINLY,

V. S. No. 1

ż

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12641
1. PLACE OF DEATH	93E) PM/
County Chine Ceremane	Registration Dist. No. 21
Village or City Organization	ND. Stale Hope to St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mo	os. L2 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME tra Des l'arla (a) Residence: No. 1315 West Farvalle ST Baltime	If U. S. Veteran, specify WAR
(a) Residence: No. 1013 4 (Usual piace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wite the word)	21. DATE OF DEATH CC 4 1937
5e, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Levenon	22. HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer)	I last saw h. Asee elive on Pec 4 1937 19 deeth is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at
53.   1 day,hrs	mara de colone of DEATH end fetated tenses of importante
8 Trade profession or particular	Chrone Myocardus with Date of onset
kind of work done, as SPINNER.  SAWYER, BDDKKEPER, etc.  9-Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this excusation (month and the county).	Hemplogia !
10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Bal-lune	Dither Contributory Causes of Importance:  Pay Close unta Ceredia
(Stete or country) Maryland.  2 13. NAME Clarke Daylon	arteriocelarara
13. NAME Carlos Saylor 14. BIRTHPLACE (city or town) Bactruse (State or country) Manuface	Name of operation Dete of Dete of What they confirmed dispract Question What they confirmed dispract Question Question Determined they are the confirmed dispract Question Question Determined they are the confirmed dispract Question Determined dispr
	what test commined diegnosis:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Conclusion  Concl	23. If death wes due to external causes (VIÕL ENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Our true la face Hopetal	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL Place 4 Authority Date 17 5 , 19	Manner of injury
19. UNDERTAKER (	24. Was disease or injury in thy way related to occupation of deceased?
20. FILED 2/13 - 19 2 7 / 504 ( Registrat.	(Signed) 197 / MIEIDO 3 M.D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
county lune bunde C.	Registration Dist. No. 23
	No. Okana St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Megale Rd.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Jemale 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Yaer)
5a. If merried, wildowad, or divorced HUSBAND of Everett & Thompson	22. I HEREBY CERTIFY, Thet I ettended decessed from 1937, to See. 23, 1937
6. DATE OF BIRTH (month, dey, and year) Dec. 29- 1880 7. AGE Years Months Deys If LESS then I day, hrs.	I MA LY LINCIL WE CHOSE OF DEWTH GIRL LEIGHER CARSES OF HISTORISE
8. Trade, profassion, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes dona, es SLILK MILL, SAW MILL, BANK, etc.  10. Deta deceesed last workad et last	Constanty Vaccular descara Date of onset 1934 Constanty Occlusion Affaktion 12.22.8 Parawbay Daicardia 1932
f 0. Dete deceesed last worked et this occupation (month end yeer)  12. BfRTHPLACE (city or town)  (Stata or country)	Other Coutributery Causes of importance:  Hyperians
I 13. NAME John W. Walters	
14. BIRTHPLACE (city or town) Pocomoke (Stete or country) Maryland	Name of operation None Dete of What test confirmed diagnosis? Olivical Westhere en autopsy?
15. MAIDEN NAME Florence Barnet  16. BIRTHPLACE (city or town)  St George's Island  (Stete or country) St Mary SGo. Maryland  17. INFORMANT Everett S. Thompson,	23. If death wes due to external causes (VIOLENCE) fill In elso the following:  Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Placa Cedar Hill Cem. Dec. 24 757	Manner of injury
f9. UNDERTAKER 1003 M Baltimore St.	24. Wes disease or injury in any way releted to occupetion of deceesed?
20 FICED Z-13 MC, 1937 Malshell David Register.	(Signad) Charles M. D. M. D. (Address) Canelican M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	[3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage ,IAN 4 1938	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones May 1,		Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY PHYSICIAN	
Horence Minet	12/3 ares 210	CINTT.
2 1 1/ 10 11		per
may 18 18actory		

V. S. No. 1

1	. PLACE	OF DE		F MAR	YLAND—
County Anne Arundel					
			Annapoli		
	Length o	of residence in	city or town where o	leath occurred	9 yrs. 7 mos.
1	. FULL	NAME	Joseph '	William	Trautwei
			99 Ma		
	PERS	ONAL A	ND STATIST	CAL PARTI	CULARS
	Val e		or or RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)
a.	If married, A HUSBAND (or) WIFE		vorced		
6. [	DATE OF BI	RTH (month, o	day, and year)	ugust 2	1 1864
7. /	AGE	Years 73	Months 3	Days	If LESS than 1 dey,hrs. ormin.
NOI	kin	WYER, BOOKK	e, as SPINNER, EEPER, etc	lerchan t	
OCCUPATION	9. Industr	y or business k was done, a	in which (sSILK MILL, C, etc	ship-cha	indler)
000	10. Date d	eceesed lest v coccupation (n	vorked at nonth and	spar	me (years) nt in this petion
12.		CE (city or tow r country)	n) Baltin Mary		
F	13. NAME	Geor	ge Traut	vein	
FATHER		LACE (city or ate or country		timore	
IER	15. MAIDE	N NAME	nnie We	ber	
MOTHER	16. BIRTHE	PLACE (city or ate or country	town) Balt:	imore	
17.	INFORMANT (Addres		rrie I. !		n
18.		EMATION, OF	REMOVAL		12, 37
19.	UNDERTAK (Addres		nn M. Tay	rlor	
20.	FILED 12	1	, 19 5 7	MM	rps

—(	CERTIFICATE OF DEATH	12643
	(92-0)	
	Registration Dist. No. 23	
(If o	No. 99 Market  St.,  death occurred in a hospital or institution, give its NAME instead of street ar  Ods. How long In U.S. if ot toreign birth?yrs	Ward number) _mosds.
eiı	If U. S. Veteran, specify WAR	
	St., Ward. If nonresident give city or town a	and State
	MEDICAL CERTIFICATE OF DEATH	
5	21. DATE OF DEATH ACC (Month) (Day)	, 193.7 (Year)
	22. Sept 1 1937, to DCC.	0,1037
	I last saw h was alive on Dec 10,193	2.; death is said
n hrs.	to have occurred on the date stated above, at 10.30 Q.m.  The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onset
	A A A A	
	Myocardial Insufficing	1937
	Other Coatributory Causes of Importance:  Un anie endo cardila  Chrania myocardila  Arterio acterores	Hackman
	Name of operation name Date o Whet test confirmed diagnosis? Clinical Was there	
	23. If death was due to external ceuses (VIOLENCE) fill in also the follow	ving:
	Accident, sulcide, or homicide? Date of injury	, 19
	Where did injury occur?	State) PLACE.
	Manage of Injury	
3.7.	Menner of InjuryNature of injury	
	24. Was disease or injury in eny way related to occupation of deceased?	40
	If so, specify	
	(Signed) J. Willia Marline	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1950	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

15	1 3	10	.0	
1	6	63	a	1
-4	-	. /	E.	A.

	1. PLACE OF DEATH			(23			22/	
1	County Anne Arundel					Registration Dist	. Np.	21
		city Jessups,		(1)	No. Md. House  f death occurred in a hospital or institut  ds. How long In U.S. if of	of Correction, give its NAME ins	ction,	Ward number)
1		idence in city or town where		yrsQmos				
		ME William ice: No. No H			If U. S. Veteran, St.,Ward.	specify WAR_Spa	nish A	mericar
	\		(Usual place o	THE PARTY OF THE P		If nonresident give		State
_		AL AND STATIST				ERTIFICATE O	F DEATH	
3.	.sex Male	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Sin	(write the word)	21. DATE OF DEATH Decemi	ber 8th,	(Day)	, 193 <b>7</b>
58	a. If married, widov HUSBAND of (or) WiFE of	ved, or divorced			22. I HEREBY November 12th	CERTIFY,		
. 6	DATE OF BIRTH	(month, day, and year)	Tune 16,	1868	I last saw h im alive on De			
	. AGE Yes	time time year?	Days 21	If LESS than 1 day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	d above, at 3:301	Pm.	Date of onset
CUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Laborer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Unknown				Pneumo-phisis	ry Ing	Lerculo	Ara
SHO	12. BIRTHPLACE (city or town) East Plainfield (State or country)				Other Contributory Causes of impo	The Chm	a)	
FATH	14. BIRTHPLACE	(city or town) Unkn	own		Name of operation What test confirmed diagnosis?			
2	15. MAIDEN NA	ME Sydney Tr	enor-Gasl	kin (Dec				
MOTH	15. MAIDEN NAME Sydney Trenor-Gaskin (Dec 16. BIRTHPLACE (city or town) Unknown (State or country)				Accident, suicide, or homicide? Where did injury occur?	Date	of Injury	, 19
IS VELY IMPOLIANCE.	17. INFORMANT Elegrals of M. Wol Corrections (Address) Sessies mile:				Specify whether injury occurred in	(Specify city or town INDUSTRY, in HOME,	n, county and Sta or in PUBLIC PL	te) .ACE.
- 1	18. BURIAL, CREMATION, OR REMOVAL Piace Merry Hill Date LOCKY 1937				Manner of Injury			
11011	19. UNDERTAKER N. L. Sulling Mills (Address) Lessif ma				24. Was disease or injury In any wall If so, specify			
20	o, FiLED. Dec	43.19.37 L	lara mit	Caslup Registrar.	(Signed) (Address)		less.	orrected
		If more	e blanks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Re	questing V. S. No. 1.		,

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THEATI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	D. 1	
Gallstones	May 1,1923	Gastroenteritis .	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9)
County (luce Crewedel	Registration Dist, No. 20
Village or City Regulació.	No. St Ward
70	f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in cits or town where death occurred yrs mos	sds. How longing 0. S. if of toreign birth?yrsmosds.
2. FULL NAME / FEMOLA SHOT	VCLOU/IT U.S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, PR DIVORCED (Target the mord)	21. DATE OF DEATH Nee 10 1007
50 If married widowed as diversed	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceesed from
(6) 1112 61	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) sully 16 - 1937	I lest sew h; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:  Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER,	no fur ciall allended
SAWYER, BOOKKEEPER, etc	The property of
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Mela had morping coupy
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and spenting this	and died danier of the
year) occupation	mobile of the will a court will
12. BIRTHPLACE (city of Jown) Clared all De	Office Contributors Causes of importance:
(Stata or country)	
13. NAME Mondord Vallace	
13. NAME )//Mary Vallage	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ALL CONTUNE	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME SULL CONTROL OF THE STATE OF	Accident, suicide, or homicida? Date of injury, 19
(Stata or confirm)	Where did injury occur?(Specify of town county and State)
17. INFORMANT COUNTY WALLES	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OF REMOVAL	4
Place all took Date Nee 1/ 1037	Menner of Injury
Standa Mark at	Nature of injury.
19. UNDERTAKER ) MAUON VALLEY (Address) G.	24. Wes disease or injury in any wey related to occupation of deceased?
Dec 10/37 WA Plants	If so, specify (Signed)
20. FILED Registrar.	(Address) Villeaul, Med (
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1038	July 5, 1927	Peritonitis	3 days ago
	CHAPTURY S.	2000		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
-				

11.	1/	I UNFADING INK-THIS IS A PERMANENT IN ORD. Every item of infor-	supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OCCUPA-	
4		ite	Sh	Jo	
		. Every	ICIANS	tement	1
	_	RD	IXS	sta	
		N. I.	Y. PB	Exact	
	C	ING	LL	ed.	
		AN	1 C	Ssifi	
	Z	RM	X	cla	
	M	PE	70	rly	- Wal
	FOR	IS A	state	prope	3:7
	e e	HIS	pe	pe	3
	ERVI	IK-T	plnods	t may	
	田 S	A	E	lat i	
		ING	AC	o th	4
	MARGIN RESERVED FOR BINDING	NFAD	pplied.	erms, s	4.0
	MA	1	Ins	nt	

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully

-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12646
1. PLACE OF DEATH	(3)D
County le le lo	Registration Dist. No.
Village or City Connago ous	No. 19 Movies St., Ward
(It	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in 0.S. If of foreign birth?yrsmosds.
2. FULL NAME nobbe 12 ANDE	If U.S. Veteran specify WAR.
(a) Residence: No. 19 Workins	WITHIN COMPORATE L'MITS OF
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. II merried, widowed, or divorced HUSBAND of HUSBAND of	21. DATE OF DEATH  Decolor 13, 193  (Month) (Day) (Yar)
(or) WIFE of Celeci. Tel arren.	1 HEREBY CERTIFY. That I ettended deceesed from 19 1, to 13.1, 19 27
6. DATE OF BIRTH (month, dey, and year) Dof. 25. 1876	last sew h And alive on Dec 135 1937 death Is ald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:30ff m.
62 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	artery scleron huban
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9.4ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Primary Cause & Charcie nephritis.
this occupation (month and spent in this occupation	Sw. J. J. R.
La Blazzani Lazzani la Maria	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Auxouf Tuo (State or country)	Quantion of the marria three days.
13. NAME IN THE TOP OF TRANS	
13. NAME JUDOVICEN:	Name of operation Date of
(Stete or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME ELMAN hoises	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(State or country) a. A. A. M. M.	Where did Injury occur?
17. INFORMANT Jellian Harris (Address) 9 mours	(Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place (Secretary ) 1 Date 1 2 / 16 , 1931	Nature of injury.
19. UNDERTAKER Cohao & Heals fr. (Address) Cannagados md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12 15, 19 57 WWW. Egistre.	(Signed) Ath Kulardon M.D.  (Address) [10 - Clay 87, annapel , M.J.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURSALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	647
1. PLACE OF DEATH		
County anne aryalle	Registration Dist. No. 20	2
Village or City Was Frankle	NoSt.,	Ward
Length of residence in city or John where deeth occurred	If death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?	
2. FULL NAME Wangle Colliget	El grains	
(a) Residence: No. A.A. Co. Tulan Hawaii (Usuai place of abode)	St., Ward.  If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH Alse. 30	193 7
5a. If merried, widowed, or divorced	(Month) (Day)	(Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended de	ceased from
gowi / wall	10 ( ,129 6, to 12 - 36	
6. DATE OF BIRTH (month, day, and yeer) Milly 28 1854	1 lest sew her elive on 12-30 , 1987;	death is seld
7. AGE Years Months Days if LESS than	to heve occurred on tha dete steted ebove, at	
83 7 2 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	
8. Trade, profession, or perticuler kind of work done as SPINNER		Oate of onset
kind of work done, as SPINNER, Analyse	Simil Dermily	0-2737
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at his occupation (most) and this prographing (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at this occupation (most) and the second last worked at the second last worked at this occupation (most) and the second last worked at the second last worked last worked at the second last worked l		
10. Date deceesad last worked at this occupation (month and yeer)		
12. BIRTHPLACE (city or town) G. C. Mull (Stete or country)	Other Contributory Causes of importence:	12-30-3)
13. NAME MANUA T. SMULLY		
13. NAME MANUAL F. AMULLY 14. BIRTHPLACE (city or town)	Neme of operation Date of	
(Steta or country)	What test confirmed diagnosis? Wes there an eut	opsy?20
15. MAIDEN NAME (MGELLING SANGE)  16. BIRTHPLACE (city or town) A. A. Co. M. M.  (Steta or country)	23. If daeth was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	, 19
17. INFORMANT Most Ethil Crane	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL Tringer Cerry annapolis get Klaw / 1938	Menner of injury	
Wallett War bledand	Neture of Injury	
19. UNDERTAKER (Address)	24. Wes diseasa or injury in any way reletad to occupetion of deceesed?	0
Var. 1 25- 101- 74. 36 0	If so, specify	
20. FILED THE 1938 Seghtrar.	(Signed) (Address) Lawy Mul	M. D.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	- Anna -		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# UNFADING INK-THIS IS A PERMANENT RE

MARGIN RESERVED FOR BINDING

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-KD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12648
1. PLACE OF DEATH	107.0
County 4	Registration Dist. No. 2
Village or City Rarall	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	to in
2. FULL NAME Thorganya Man	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE , 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hem, Cooksed OR DIVORCED (write the word)	Jec. 13, 193. 7
5a. If married, widowed or disporced?	(Month) (Day) (Yeár)
HUSBAND of (or) WIFE of	22 I HERSBY CERTIFY That I ettended deceased from
0 001 10.10	10 10 10 10 10 10 10 10 10 10 10 10 10 1
6. DATE OF BIRTH (month, dey, end year)  7. AGE Yeers Months Days If LESS than	l lest saw h 2 ailve on 1917; death is said
9, 41 5 / I day,hrs.	to have occurred on the dete steted above, et
Ormin.	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEPER, etc.	Day 63
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
year)oc:upation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	148
(State or country)	700 /
14. BIRTHPLACE (city or town)	1 —7
4 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	Whet test confirmed diegnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19
6/2:0 Wathin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFDRMANT (Address) Table med	Specify whether injury occurred in Proposition, in North Specific Flacts
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleatheus Chaffel Det 14 , 1937	Nature of injury
19. UNDERTAKER 13. Johnson	24. Was disease or injury in eny way related to occupation of deceased?
(Address)	If so, specify
20. FILED. 12. 16. 1937 AMMAR BI	(Signed) / J. L. Landson M. D.
Regist ar.	(Address) 110 - Clary Sy amagra and h
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilensy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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UNFADING INK-THIS IS A PERMANENT R MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE P

STATE	OF	MARVI	AND-CERTIFICATE	OF DEATH
SIAIL	Or	MAKIL	AND CERTIFICATE	OF DEATH

1, 1	PLACE OF DEA	TH				
	County Anne	arundel			Registration Dist. No.	
	Village or City CI	rownsvil	le Stat	e Hospita	f death occurred in a horpital or institution, give its NAME instead of street and number)	ard
	Length of residence in a	nity or town where	death assured	(1	f death occurred in a horpital or institution, give its NAME instead of street and number)  s. 10. ds. How long In U.S. if of foraign birth?	
						as.
2.					If U. S. Veteran, specify WAR	
	(a) Residence: No.	1502 Br	(Usual place	Balto.	St., - Ward  If nonresident give city or town and State	
	PERSONAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	_
3. SEX		or or race	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH December 23 , 193 7 (Year)	
5a. If	married, widowed, or div	orcad				
(	a-1 16.100 a4	Inknown			22. I HEREBY CERTIFY. That i attended deceased for December 13, 1937, to December 23,19.3	
c D43		F-1-W-173	1000		liast sew h.er. elive on December 23, 19 37; death is s	
7. AGE	TE OF BIRTH (month, da Years	Months	1887 Devs	If LESS then	to have occurred on the date stated above, et 10:30 Am.	ard
	50	TIM	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7 18	8. Trade, profassion, or p	particular	RHOWII	) ormini.	wera as follows: Date of on Unkn	
5	8. Trade, profassion, or p kind of work done SAWYER, BOOKKE	, as SPINNER, EPER, etc	Unkno	wn.	Chanie myocordities CutoR.	
OCCUPATION	3. Industry or business i work was dona, as	SILK MILL.	Unknown		- Duration . Linknown,	
3 1	SAW MILL, BANK, D. Date decaased last wo	orkad at		tima (yeers)		
0/1	this occupation (mo	onth and	spa	nt in this upation		
In Di	RTHPLACE (city or town	North	Carolin	9	Other Contributory Causes of Importance:  Manic depressive psychosis	
12. DII	(State or country)	7 <u>411,0-4-44</u> -			- warre ratirassiva fish citissis	
	3. NAME TINE	cnown				
FATH 14	I. BIRTHPLACE (city or t	lown)	nknown		Name of operation	
-	(Stata or country)				Whet test confirmed diegnosis?	Q.
발 15	S. MAIDEN NAME	Virgini	a Walke	r	23. if death was due to external causes (VIOLENCE) fill in also the following:	1
MOTHER 19	6. BIRTHPLACE (city or t	own)Ur	knovn		Accident, suicida, or homicide?	
-	(State or country)				Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	•••
17. INF	FORMANT HOS Di	ital Rec cownsvil	ords le, Mar	yland	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
19 DIIDIAI COEMATION DO DEMOVAL			12/2	4 137	Manner of injury	
	riace!	0 1	Uata An	0	Nature of injury	
19. UN	DERTAKER MUSO	Ked, X.	Nalla	and a	24. Was disease or injury in any wey related to occupation of declased?	
	(Address) / G.R.	-	ed the	ce clas	If so, specify	***
20. FIL	LED 12/23	1937. 3	110	yes		l. D.
1			UA	Registrar.	(Addrass) Crownsville, Maryland	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
500 AU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE O	F MARYI	AND-C	ERTIFIC	ATE OF	DEATH	12
SIMIL	1 141/ 71 7 1 7			WIL OI	DLATI	

1. PLACE OF DEATH	121 N I
County a. a.	Registration Dist. No.
	Name 4 ensey Hoofele St., Ward death occurred in a hopetal or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles June	dorf final
(a) Residence: No. West annapolis	St., Ward. WITHIN CORPORATE LIMITS OF
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (raprice the word)  married	21. DATE OF DEATH Dec. 24 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of marrie Jindouf Binkouf	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) // or - 1872	I last saw he was alive on Dec 24 , 1937; death is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 8 9.1 m.
65 1 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
Trade profession or perticular	Date of onset
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc	Marcardial Frankluson 3 do
9. Industry or business in which work was done, es SILK MILL,	
SAW MILL, BANK, etc	
- I Shout I this - I Shout I this - I'm	
year) occupation occupation	Other Contributory Courses of importances
12. BIRTHPLACE (city or town) / Company (State or country)	+ has the
1 13, NAME Pieces Mindock	- Jenganius
	appendenta Res 17
14. BIRTHPLACE (city or town) (State or country)	Name of operation Agreement Date of Dec. 1/1
1 2 11	What test confirmed degnosis? Was there an eutopsy?
- Ivan	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Color Sindorf	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 60 2013	Manner of injury
Place J MOLY Date Date 19	Neture of Injury
Do. of. Hoppmo	24. Was disease or injury In eny way related to occupation of deceased? 40
19. UNDERTAKER (Address) Company (Address) Company (Address)	If so, specify

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